



# Washington State Health Care Authority

## ISRP POST-PROJECT REVIEW

November 2004

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## EXECUTIVE SUMMARY

In 2000 the Washington State Health Care Authority (HCA) began an initiative to replace its legacy systems with a single system that would be in operation by June 30, 2003. By mid 2004, the project was terminated, and the vendor had returned nearly a third of the money it had received from HCA for its work. The HCA continues to use its legacy systems, and will continue to do so until a satisfactory replacement can be implemented.

The need remains to replace the legacy systems. But before any work can begin on a replacement, the HCA needs to understand why its first attempt failed, and how it can make the changes necessary to ensure future success. That is the intent behind the creation of this document.

### Background

The HCA administers two large programs - the Public Employees Benefits Board (PEBB) and Basic Health. PEBB provides health care coverage to current and retired state employees, retired teachers, employees of some political subdivisions and school districts, and the dependents of PEBB enrollees. The PEBB benefits administration system is dependent on the Department of Personnel's legacy payroll system. A new Human Resource Management System (HRMS) is anticipated to replace the legacy DOP system in 2005. Covered lives in the PEBB program amount to approximately 310,000.

Basic Health (BH) provides coverage to 100,000 low income residents and their dependents. BH has its own benefits administration system. Its accounting system is integrated with the PEBB system. Both programs contract with private, managed care companies to provide the actual care. Additionally, the HCA administers the Uniform Medical Plan which provides a preferred provider alternative to the managed care plans offered to PEBB enrollees.

With the Insurance Systems Replacement Project (ISRP), the HCA sought a commercial off-the-shelf (COTS) system to support insurance benefits administration and accounting for both PEBB and BH.

In May 2002, the HCA contracted with Healthaxis Inc. for a COTS system which the vendor would modify to meet HCA's unique business requirements. Healthaxis employed Satyam Inc., based in India, to perform the development work related to the COTS modifications. The vendor failed to deliver a functional system that met contract requirements, and work was stopped in March 2004. Subsequent negotiations resulted in the vendor refunding \$300,000 of the \$952,866 in previous HCA payments. The vendor voided an unpaid \$185,000 invoice, and granted HCA exclusive ownership of all requirements and design work that had been performed by Healthaxis and Satyam. In addition to the \$652,866 in payments retained by Healthaxis, the HCA also spent \$3.473 million as follows: Non-vendor supplied software and hardware (Sun and Compaq servers, Oracle, Microsoft and other vendor software licenses), \$978,000; Project staff and support contractor costs, \$1,384,000; HRISD legacy system decommissioning costs, \$1,111,000.

### What went wrong

The vendor's willingness to relinquish its claim for payments under the contract, including its agreement to refund a significant portion of payments received for products it had delivered, strongly suggest that it recognized its fundamental responsibility for the project's failure. Simply stated, Healthaxis failed to deliver the product it had promised. The system it demonstrated in the RFP process was a product developed by personnel no longer with the company. Healthaxis

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misrepresented the challenge and risk of moving the product to a different platform, and of modifying the product to meet the HCA's needs.

However, while the vendor bears responsibility for its failure to deliver on its promises, HCA management bears responsibility for its failure to take actions necessary to effectively hold the vendor accountable for its failure to deliver the promised system within the promised timeline. Additionally, the HCA also failed to draft clear and easily enforceable contract deliverables, failed to take action when the project schedule first began to slip, and failed to effectively manage the risks associated with a project of this magnitude.

Ultimately, the HCA did not possess the skills to undertake such a project. Organizational naiveté led to assumptions of success, rather than recognizing the need for strong project leadership. The agency now recognizes that good intentions cannot replace strong, disciplined project management and oversight skills. In reviewing the shortcomings that led to the project's failure, four areas of concern need to be addressed before the agency can assume it has the structures in place to undertake major projects. In our post project review, we found the following deficiencies and related factors which contributed to the failure of the ISRP. These areas will be discussed in depth later in this document.

## **Vendor and contract management**

- The contract did not re-enforce clearly enough the intent of using a COTS product
- The contract did not clearly enough establish criteria, expectations and deliverables
- Incremental milestones and delivery dates were not well established
- The vendor had no experience in the governmental setting

## **Leadership**

- Frequent changes in key executives throughout the course of the project
- Lack of project oversight and governance at the executive level

## **Project management practices**

- Project plan, management, organization, and practices were not sufficiently comprehensive
- Self-imposed time constraints resulted in poor, hastily-considered decisions
- The stakeholder advisory group was not actively engaged, nor used to provide direction and feedback
- Insufficient quality assurance and lack of independent reporting to executive management

## **Requirements definition and scope management**

- The scope of the project did not include a phased implementation and was not well defined or controlled, especially with regard to the vendor's shift from a COTS product to a new product
- The business use case and requirements were not clearly defined
- Many agency staff perceived an attempt to merge BH and PEBB operations through a technology implementation rather than organizational change management

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## BACKGROUND

### PROJECT DESCRIPTION

The ISRP project focused on bringing in a commercial off the shelf (COTS) system that supported recognized industry standard practices in insurance benefits administration and accounting. The following is the project description, based on the original project charter:

The Washington State Health Care Authority (HCA) Insurance System Replacement Project (ISRP) was planned as a multi-dimensional initiative to implement an agency-wide, fully-integrated insurance eligibility and accounting processing system. It was intended to deploy a combination of automated information services and re-engineered business processes that would support the business objectives of the HCA and the linkages to business partners that interface with the agency. (This was initially targeted to occur by June 30, 2003)

### PROJECT OBJECTIVES

From the project charter, the following are a few of the key project objectives. Additional objectives are listed in the project charter (Appendix A):

- Reduce cost through automation and the re-engineering of business processes
- Improve service levels by streamlining customer services and enrollment processes
- Interface with, and provide access to, external business partners

The project charter also describes the scope, planned methodology, approach, and criteria for success.

### PROJECT OVERVIEW

In the Request for Proposal (RFP) that resulted in an initial contract, the HCA sought to purchase a COTS software product that it believed could meet the majority of its business needs. The HCA had not specified its requirements in detail, relying instead on the functionality of the vendor's COTS product. The HCA understood that some modifications were going to be necessary to meet its requirements, and further requirement definitions would be necessary.

The project sought to combine many of the activities performed by the two separate legacy systems. The agency had already combined the accounting activities of the two programs (PEBB and BH), and cited development of the new system as further opportunity to combine the processes of the two programs.

Healthaxis initially proposed a commercial software product, being ported to a new platform, which met many of the HCA's requirements, as documented, during the RFP stage. Healthaxis employed Satyam to perform the necessary modifications to its commercial product. The HCA subsequently discovered, after the project was started, that much more extensive and complex work was going to be required to accomplish the move to the new platform than originally thought. As a result, decisions to continue the project were much riskier due to the added complexities.

## PRODUCT RESULTS

Although the parties worked collaboratively and the staff worked diligently until the end, the project was consistently plagued with late deliveries of product that lacked in quality. The original project implementation date of June 30, 2003 was re-scheduled multiple times. When the project was finally stopped in March of 2004 there were over 5000 bugs of record, with more added weekly; and although many were fixed, there appeared to be no slow down in new bug discoveries. At the time the project stopped, as little as 65% of the functionality was passing system testing by HCA staff. There was little or no evidence of forward progress at that time.

It should be noted that HCA acquired hardware and other software (besides the failed vendor's software) which may be re-deployed, to a certain extent, on a new project or other projects.

**Appendix B** lists the purchased hardware and software that the HCA was not able to use due to the failed delivery.

**Appendix C** describes the state of the project at the time the work was stopped.

## KEY PROJECT DECISION POINTS

1. **Vendor Selected, Contract signed, May, 2002**

A contract was signed which included the plan for the vendor to provide the HCA its product in a new platform. During the RFP evaluation the vendor proposed to the HCA a product that was being ported to a new platform. The HCA relied on the vendor's representation that it held a Software Engineering Institute (SEI) Capability Maturity Model (CMM) level 5 rating (expert level) in software development.

2. **Go/No Go Checkpoint, September, 2002**

Amid concerns about the sufficiency of the project plan, project management reviewed the project to determine if the project should be continued. The project team recommended that the project should continue, that the development plan was sufficiently detailed, and the status should be re-checked in December or early January.

3. **Go/No Go Checkpoint, January, 2003**

A review was conducted by the project team, including feedback from QA, documented in a memo on January 23, 2003. Using objective criteria which addressed project risk areas, the HCA received strong assurances from the vendor that the project was on schedule. The vendor promised that development resources had been doubled. HCA decided at this point to continue the project and to begin making financial arrangements for a possible one month delay.

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4. **Corrective Action Plan**, October, 2003

From June through September the HCA worked directly with the vendor to try to get the project on track, as the vendor missed the June, 2003 implementation and projected missing the October, 2003 re-scheduled implementation. Due to the lack of sufficient progress and lack of quality of the product that had been delivered, the HCA made a last-ditch effort to work with the vendor to cure project problems. In October 2003, the two parties drew up and agreed to a corrective action plan to put a better system in place for monitoring the project. The corrective action plan established a critical December 2003 milestone for the HCA to decide whether to continue based on the vendor's performance.

The vendor had represented to the ISB on September 11, 2003 that the project was 80% completed, and gave absolute assurance that the new project schedule would be met. The HCA represented to the ISB that it was cautiously optimistic, and needed to see proof of performance instead of reliance on promises. The vendor made some minimal gains in meeting the requirements of the corrective action, but generally fell short. In conjunction with the corrective action the HCA worked with OFM and DIS, engaging in a series of monitoring sessions to review the progress. Based on the advice received during these meetings, the HCA decided to hire outside counsel to determine next options, since progress was not sufficient.

5. **Missed Delivery Date – Commence Legal Escalation**, December, 2003

The vendor missed the critical milestone delivery date specified by the corrective action plan. The HCA summoned the Vice-President of Healthaxis for a discussion to determine if there was any basis for the project to continue. A meeting was held in late December, with Healthaxis and a DIS representative present. Healthaxis did not provide a reasonable explanation of why another date was missed. After further discussions with legal counsel this failure triggered a formal notification to Healthaxis to begin the process of termination.

6. **Work Stopped – Commence Settlement Talks**, March, 2003

The HCA and the vendor held legal discussions through January and February, in attempts to determine the project outcome. The project was stopped by mutual agreement in March, 2003, and settlement talks were undertaken.

**Appendix D** lists a Chronology of Events

### PRIMARY AREAS OF CONCERN

In the post project review, four primary areas of significant concern were identified. These areas are:

- **Vendor and contract management**
- **Leadership**
- **Project management practice**
- **Requirements definition and scope management.**

The HCA recognizes the impact of these and other areas of concern and is implementing practices and measures to rectify these shortcomings. Below are highlights of some of the lessons learned in each area.

### VENDOR AND CONTRACT MANAGEMENT

The primary contractor, the subcontractor, and the HCA each provided a project manager dedicated to the project. A process was established early which supported regular communications between the parties on the project. The acquisition team involved representatives from a cross-section of HCA areas, including business and technology areas. Prior to the procurement process, vendor system functionality claims were validated through demonstrations and customer site visits by an evaluation team. However, the advance work did little to ensure that HCA received the COTS product it sought. The HCA believed that incorporating the RFP, the contractor's proposal, and the work plan schedules into the contract by reference would effectively establish the vendor representations and HCA requirements in those documents as an enforceable part of the contract. However, HCA was later advised that because those elements were not clearly and specifically stated in the contract itself, it was not certain the vendor could be held liable for not meeting them. Therefore, the contract provided little help to the agency once the project began to experience problems.

**The contract did not re-enforce delivery of a COTS product.** While the HCA spoke of the need for a COTS product and made that desire clear to potential vendors, the contract failed to clearly require it. As a result, the winning vendor notified the agency (at what point is subject to debate) that the ISRP would be the first product under an updated version of their software on a new platform. It became evident that development of the ISRP and the new software was on a tandem timeline, and the HCA had become the guinea pig for this new software. In essence the development effort of the new product became the product that the HCA purchased.

**Detailed requirements were not established** prior to the RFP and used to ensure the selected vendor could meet business use cases. Due-diligence was not taken to establish the vendors had sufficient capability and maturity to perform the required work, and that any vendor certification claims were verifiable in practice. While the vendor's subcontractor claimed to have attained a Level 5 in the SEI Capability Maturity Model, the agency assumed this would ensure a successful project without understanding what the designation represented.

**The HCA did not establish adequate criteria** or expectations that were measurable to ensure the vendor met contracted obligations and deliverables. A key individual associated with the vendor remarked that the HCA could have pressed the vendor much harder in the early stages of the project. A highly collaborative approach was used to manage the vendor's performance, including



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an emphasis on promotion of teamwork and avoidance of conflict. The contract was not managed to a set of deliverables and timelines that were realistic and contained both checkpoints and actionable responses. This led to a lack of clear responsibilities between the vendor and the HCA. As an example, the HCA immersed itself into system testing early in the process, and spent hundreds of staff hours on such testing. Although it was a well-meaning exercise, system testing was the responsibility of the vendor, and the use of HCA staff for that function ultimately led to an unsatisfactory outcome.

**Incremental milestone and delivery dates** were not well established or managed within the scope of the project. Expectations were not well defined either in the contract or during the management of the vendor's project. Strictly defined due dates were not established in the contract. The vendor was permitted to extend project deadlines several times, but refused to accept any accountability for its failure to meet the original and revised deadlines. Unrealistic dates were developed at times based on the impending HRMS project requirements. This did not bode well for a successful implementation, particularly when the agency believed that the product was 80% functional at the time it was selected. Starting with a brand new platform should have prompted a significant adjustment to the timeline and very open discussions of the new risks introduced to the project.

**The vendor had no experience in government setting.** The ISRP was the first major government project for both Healthaxis and Satyam. Both companies were interested in entering the seemingly lucrative area of governmental system development, but apparently were not prepared for the fishbowl atmosphere. They failed to understand the level of public scrutiny inherent in such a project. They were not accustomed to our need to justify delays to legislators, the Information Services Board, and other public bodies. They were extremely sensitive to the public criticism the project received as a result of the offshore outsourcing debate, which at one point, resulted in national media interest in the project.

**The subcontractor's offshore location** resulted in time delays, and also created cultural and language obstacles. These factors added to the agency's difficulties in managing the project.

### Efforts to ensure future success

- **Utilize legal resources throughout the acquisition process**
- **Contractually specify project deliverables and due dates**
- **Establish criteria, expectations, and requirements**
- **Define and avoid taking on responsibilities within the vendor's scope**
- **Utilize incremental milestones to measure project progress**
- **Develop realistic implementation dates**
- **Prepare the vendor for public scrutiny**

**Utilize legal resources, with specialized expertise in software product contract law.** These resources should develop the initial contract as part of the RFP process. The HCA should avoid using a standard template for a contract and ensure legal expertise is engaged from the beginning of the RFP process.

**Include comprehensive and complete functional requirement** and business process definitions in an RFP. Include samples of all input and output requirements in both electronic and hard copy. Require a comprehensive architectural inspection of any vendor products that will be delivered to the HCA. Ensure a review, conducted by a neutral third party, of the requirements against the vendor's solution, prior to entering into an agreement to acquire the product.

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**Maintain a healthy skepticism in assessing the architectural sufficiency** of the vendor's solution to satisfy the proposed scope of the project. It is critical for the HCA to determine the degree that a commercial off the shelf product will satisfy the HCA's requirements. This requires the HCA to examine the vendor's capabilities of meeting the HCA specified requirements by looking into the vendor's software code and data structure, compared against industry standard practices and the HCA's requirements

**Avoid purchasing a first generation deployment, re-write, or significant expansion of a system in a new platform.** Require that a vendor have a more robust track record. The HCA should specify that the vendor have a minimum number of implementations of the vendor's proposed solution, in a platform comparable to the HCA, with supporting references. The implementations in production mode should also be comparable to the HCA size and processing volumes. The solution should have been in performance for at least one year to give the HCA assurance of its reliability.

**Increase oversight attention in managing the vendor.** The HCA should ensure that a person with the appropriate skill set is designated for this role. The oversight person should press the vendor when appropriate for delivery as specified in the contract.

**Require vendor on-site presence through life of the project.** This allows the HCA and the vendor to establish strong communications between the project managers, the programmers, the subject matter experts, the testers, and the end users.

## LEADERSHIP

From the outset, management made it clear to staff that the project was extremely important, and every effort would be made to complete the project on time. To further demonstrate the commitment, adjustments were made to everyday business processes including a freeze on the existing system which allowed the internal testing team to focus on the new project. Nevertheless, enthusiastic commitment was not enough. During the course of the project, the organization suffered through several critical, high level personnel changes. In addition to continuity issues, executive management lacked the necessary degree of oversight for such a major project. Finally, management failed to foster an atmosphere that encouraged open discussion of diverse viewpoints.

- **Key personnel challenges.** During the course of the project, four different people led the Health Care Authority. In the midst of implementation, the leaders of both PEBB and BH left the agency. While the importance of the ISRP continued to be communicated to staff, varying levels of involvement were demonstrated by top management during the course of the project. Because the continuity of project leadership occurred at a lower level, executive management demonstrated varying degrees of executive oversight. By the time executive scrutiny began in earnest, it was too late. Future endeavors will need a high level of executive attention, and a broader base of executive oversight.
- **Lack of direction.** In addition to critical leadership departures, the duties and responsibilities of the project's executive steering committee were vague. As a result, the project scope, objectives, and adherence to critical success factors were not consistently supported by this group of key HCA leaders over the life of the project. At the same time, leadership did not take care to be consistent in its direction and communications.

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- **Executive involvement** was a critical factor from the outset. The trust placed in two good managers not experienced with COTS vendor and project management was compounded by a reluctance to hold the vendor strictly accountable for the project's progress. Prior to 2003, the agency administrator rarely attended executive steering committee meetings, a group whose role was not clearly understood by its members and who was not always used in the decision making process. Regular attendance by the subsequent administrator came shortly after his appointment to his new post, but too late in the process. By that time, his involvement was more focused on legal matters involving the vendor. Future projects will require critical, visible, hands-on involvement by the administrator and top executives.
- **Project management oversight** was not as diligent as it should have been. Agency executives assumed the project would be successful, but did not provide themselves or staff with the skills to assure that success. Management failed to conduct a thorough assessment of the tools needed for success. In a military sense, the generals sent the troops to do battle with a high level of enthusiasm and intelligence, but failed to provide them with the weaponry and leadership necessary for victory. In the future, project oversight and management skills will need to be thoroughly assessed, so the necessary skills can be enhanced or supplemented.

### Efforts to ensure future success

- **Recognize the importance of a highly visible executive presence**
- **Thoroughly assess the project management strengths and weaknesses of the agency, and ensure that any weaknesses are fully addressed prior to initiation of a project**
- **Understand the importance of strong, experienced project oversight and direction**
- **Promote a sense of openness and empowerment among project staff**

**Employ project management oversight.** Ensure effective organizational change management principles are in place and communication channels are clear and effective. Enable lines of reporting that enforces management oversight and direction while ensuring accuracy and quality. Ensure that staff are prepared to participate in a project of this magnitude and all resources are available to ensure success.

**Promote team contribution and synergy.** Management needs to consistently re-enforce the objectives of and commitment to the project. Management needs to provide a forum for discussing minority opinions, diverse viewpoints, and risk identification without negative consequences. This type of environment contributes to a greater opportunity for success

## PROJECT MANAGEMENT PRACTICES

Much of the basic structure was set into place to bring about a successful project. Intelligent, self-motivated HCA employees were hand-selected for the project. They developed a very strong sense of teamwork and their commitment never wavered. Facilities were established to maximize group communication among staff and vendors. The scope of the project was clearly established, and the agency produced a charter, developed a governance structure, and carried out numerous exercises commensurate with the project management requirements of a project of this scope. The agency created an outside stakeholder group to seek outside involvement and input, and the vendors willingly sent additional staff when challenges became evident. On paper, many of the right structures appeared to be in place. However, as problems arose, these structures were not utilized. Instead problems were addressed using a collaborative approach with the vendor.

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- **Project management practices** were not in effect throughout the organization. The use of tools such as the Project Management Body of Knowledge or the state project management template had not been ingrained into the culture of the organization. The agency failed to ensure organizational readiness for a project of this scope. Throughout the project, roles and responsibilities were not clearly defined. For example, one position took the lead in managing the vendor, especially in terms of how to address the vendor's repeated failures to meet project timelines and deliverables, but a different position had the lead responsibility for facilitating communications and coordination between the various HCA and vendor staff working on the project. Clear lines of reporting and responsibility were in some cases not established. Due in part to the lack of clarity regarding roles, standard project management practices were not adhered to through the life of the project. Additionally, clearly defined deliverables were not established and maintained, nor were risks adequately assessed and mitigated. The agency took on too much at once, instead of instituting a phased implementation of the project.
- **Lack of project management skills and structures** was evident throughout the project. The agency entrusted the project to two reliable managers who, unfortunately, had not undertaken a project of this scope before and who did not see the potential of various problems. As a result, problems were often not addressed until they became significant. The lack of a sufficiently comprehensive project plan and timetable was compounded by a self-imposed time constraint. The agency explained in its budget proposal for the ISRP that significant savings would be realized once the project was completed. As a result, the Legislature took the money to be saved out of the HCA's 2003-05 budget beginning July 2003. This forced the agency to put too much importance on completing the project on time, at the expense of sound project practices and decisions.
- **Stakeholder Group involvement** was limited. While a stakeholder group was formed with executives from affected agencies, it was structured to serve as a means to inform stakeholders on the progress of the project and to support implementation of the new system when it was completed. It was not generally used to solicit feedback and direction regarding the project management problems with the vendor. Members were not actively engaged, and they felt decisions had already been made before the HCA asked them for input.
- **Testing** normally associated with a project of this nature was not completed by the vendor throughout the project. HCA test results were subsequently riddled with bugs and regression testing became overburdened by the number of bug fixes. The HCA staff conducted testing that resulted in findings that the vendor should have mitigated or corrected prior to roll out and implementation.
- **Risk mitigation and contingency planning** was not sufficient. The aggressive timeline and inexperience of the vendor and project team resulted in poor contingency planning. Reactive planning was necessary and did not produce desired outcomes in this project.
- **Quality Assurance (QA)** was not given appropriate attention by any of the parties involved, including the QA vendor. This lack of attention can be attributed to the agency's inexperience. Both the QA vendor and Healthaxis should have been more diligent in pointing out the critical nature of QA. The Agency Administrator and the agency stakeholders (OFM, DIS) expressed concerns that QA reports on the project did not adequately emphasize the urgency or the degree of significance of some of the problems, especially in the early stages of the project.

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### Efforts to ensure future success

- **Identify and establish appropriate structures and resources prior to project start-up.**
- **Assess agency weaknesses and fill gaps by bringing in experts**
- **Actively seek input throughout the process, both from internal and external sources**
- **Recognize the importance of adequate independent QA**
- **Make strong risk management an integral part of the project**

**Hire a strong, experienced, effective, and domain knowledgeable project manager** that follows industry best practices. Future endeavors must seek out strong, experienced leaders proficient in change management, conflict resolution, as well as vendor and contract management.

**Implement Project Management principles** into the day-to-day operations of the organization. Provide for a project management office and resources to engage in the project. Ensure project management practices are consistently employed and the staff are engaged.

**Involve subject matter experts.** Supplement the core project team with subject matter experts as necessary, including technical staff. Ensure a proper mix of knowledgeable staff is available for requirements definition, specialized insight, and clarifications. Ensure that the subject matter experts are experts in the HCA's business, and if they are representing the program areas, they need to be aware of the program area's business processes. Seek outside support in the process and utilize the experiences of other agencies such as DIS and DOP.

**Ensure the Governance and Charter** is well defined, and that an actively participatory stakeholders group is engaged throughout the life of the project.

**Ensure that QA reports to a higher level of executive management, outside the primary project structure.** The project governance structure should be designed to empower quality assurance to report to the executive level that holds primary accountability for the agency's investment. Additionally, QA must be expected to communicate with urgency where required.

**Institute stronger risk management practices.** Risk identification and assessment should be a standardized part of each project team meeting. Risk identification is a basic responsibility for everyone on the project team, not just quality assurance personnel. Also, risk identification is more liable to occur within a diverse team practicing open communications.

**Plan for contingencies in the project.** The budget and work breakdown schedule should include allowances for unplanned impacts, changes in assumptions, modifications to the plan, or dependencies.

**Conduct testing by HCA staff in a logical, timely manner.** HCA staff testing should begin with user acceptance testing only after satisfactory completion of vendor, unit, integration, and system testing. The vendor's system testing should be against plans aligned to business use-case requirements approved by the HCA with documented, verifiable results. In the future the HCA should confirm the vendor's system test results within the HCA's testing environment.

### REQUIREMENTS DEFINITION & SCOPE MANAGEMENT

The agency brought together its most experienced staff to walk developers through the system and explain the intricate inter-relationships involved in eligibility, health care, billing, communications, and all other aspects of the two programs. Unfortunately, this thorough staff review and input of definitions was not well documented in an organized manner and could not overcome other deficiencies involving requirement definitions and scope management.

**The premise of merging the business operations** of PEBB and BH became intertwined with system delivery, project scope and application deployment. While a single system to cost effectively support both PEBB and BH was preferred by the agency and indicated in the feasibility study; merger of the program areas was not carefully researched nor was organizational change managed. Instead of working with the staff to establish clear expectations and guidance or creating an operational change strategy, the ISRP was perceived by many HCA staff as a vehicle for a merger of the operational units. Employees were not convinced the merger was necessary, and many began to resent the project because it represented a merger of operations that they either feared, or did not believe was necessary.

**The scope of the project** was not well defined or controlled. It began as the purchase and implementation of a COTS product and became a project with significant development components. A well documented scope and implementation plan was not thoroughly defined. The already combined insurance accounting system for both programs led to an assumption that the entire insurance administration system could as easily be replaced in whole. Throughout the project, requirements were added to meet a scope that included both lines of business. The initial scope focused on similarities between the program areas and failed to clearly identify differences that increased complexity in scope and design.

**A clearly defined set of business use cases and requirements** was not established or used to assess the ability of the COTS application to support both PEBB and BH. A single application supporting the insurance accounting system for both programs was already in effect and documented. Business use cases and requirements for benefits administration were not clearly documented for each program. The requirements that were defined focused on similarities in the program areas and not on the differences. While the feasibility study indicated that a single system could support both programs, assumptions that the similarities in the benefits administration were significant, and that the purchased application could support both programs were not based on a thorough inventory of the requirements of each program.

#### Efforts to ensure future success

- **Clearly articulate and limit the scope of the project**
- **Employ organizational change management**
- **Establish detailed business use cases and requirements**
- **Develop a common glossary, and place it under version control**

#### **Conduct a better assessment of a new system's ability to support both program areas.**

Before establishment of the final scope of a new system, the HCA will assess more fully the ability to combine systems to support PEBB and Basic Health Benefits Administration.

**Establish a standardized requirements management environment.** This will enable the HCA to control its requirements and will provide the vendor with guidance in defining and understanding

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the requirements for any needed modifications to their system. At the same time, the HCA should emphasize future requirements in addition to current requirements of the system. The HCA should establish suitable traceability between the business requirements and the capabilities of a new system.

**Create a multi-phased project scope.** The priority is to replace the PEBB benefits administration system and the insurance accounting system for both PEBB and BH. A multi-phased project should focus on replacement and stabilization of PEBB benefits administration and the insurance accounting system first, before deciding whether to do the same with Basic Health benefits administration.

### SUMMARY RECOMMENDATIONS

Although the ISRP did not deliver a product, the HCA will be able to make use of the knowledge and resources that were gained during the course of the project. As a result, the HCA will avoid a repetition of the major problems and obtain a proven system of superior quality. The following list summarizes some of the key points learned by the HCA that will be used to steer the agency in the future:

- ✓ **Manage an acquisition** through best practices. Avoid purchasing a first generation system in a new platform. Ensure that the solutions are proven in a similar business environment to that of the HCA. Include comprehensive and complete requirement definitions and look at the architecture of the proposed solution. Exercise due diligence in verifying the vendor's capabilities and claims. Require validation of the claims. Maintain a healthy skepticism as to the vendor's capability to meet the requirements. Validation alone does not alleviate the responsibilities of executive management to lead a project, but it is an essential ingredient to project success.
- ✓ **Use experts** in information technology contracting who can establish a framework to easily and effectively hold vendors accountable for their performance. Contractually specify project delivery due dates without ambiguity. Do not rely on a template style of contract.
- ✓ **Implement stronger project leadership and governance practices.** Agency administration recognizes that a successful project requires their full attention and a visible presence. This attention should be supported by an executive steering committee willing to raise and manage difficult issues. The administration holds ultimate accountability and should take swift action to protect the agency's interests in information technology projects.

The agency has appointed a new Assistant Administrator of Finance and Administration, who will hold key management responsibilities over the agency's information technology management, supporting the Deputy Administrator and the Administrator, and his staff reports. This Assistant Administrator has strong information technology project experience, having provided leadership in county government technology, private sector software development, and banking technology roles.

- ✓ **Implement stronger oversight practices.** External oversight parties such as Quality Assurance (QA) personnel must communicate with greater urgency at times. In the past project HCA management was not sufficiently attuned to urgent issues until too late. QA Oversight failures do not absolve management from responsibility, but strong oversight acting with urgency can help the HCA management do its job better. The oversight personnel will be reporting directly to the Administrator on future projects.
- ✓ **Provide strong project management.** The HCA will establish a competitive process to find and utilize an experienced, effective, project manager that follows industry standard practices such as the Project Management Body of Knowledge. The HCA will also provide training to project participants and will develop internal project management practices.



# ISRP POST-PROJECT REVIEW

## CONCLUSION

The preceding document recounts the ISRP project experience and the lessons gained from that experience. Due to its lack of experience with projects of this scope, the HCA failed to identify an incompetent vendor, and further failed to provide the contractual means to extract itself from an unsuccessful relationship in a timely fashion. Agency executives wanted to believe that trusted and dedicated staff could meet any challenge, but they failed to provide a means to hold the external vendors accountable, which in the end made it impossible for those trusted employees to succeed.

Success in future endeavors will require a cultural and organizational change which is already underway:

- The agency has hired an experienced assistant administrator to oversee the administrative, financial and technology areas of the agency. He will help staff, including executive managers, to develop project management skills and awareness.
- The HCA now recognizes the need to seek outside expertise, and that a project of this complexity requires a structure that actively engages leadership and fosters independent reporting and auditing.
- The HCA will collaborate with other agencies (DIS, OFM, and DOP) to depend on their expertise and look to those who have implemented successful projects to learn from their experience.

The ISRP project objectives were not achieved and the contract terminated, to the disappointment of the agency, its customers, and the state of Washington. The HCA must look to the above action items as the primary lessons from the project experience. The HCA looks forward to implementing these recommendations, and intends to make the recommendations a significant part of its management approach and culture. The HCA intends to successfully replace its outdated legacy systems through a future project by avoiding the pitfalls and utilizing best practices. The predominant need is to replace and stabilize the PEBB legacy system first before deciding whether to do the same with the Basic Health system.

The agency acknowledges and thanks those agencies providing support through this challenged project, including the Information Services Board (ISB), the Office of Financial Management (OFM), and the Department of Information Services (DIS).

Washington State Health Care Authority  
Insurance System Replacement Project  
Project Charter

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Washington State Health Care Authority

**INSURANCE SYSTEM REPLACEMENT PROJECT**  
**(ISR Project)**

Project Charter

**Executive Sponsor &  
Chair, Executive Steering Committee**

Tom Neitzel, Administrative and Information Services Manager  
Washington State Health Care Authority

May 2002

**Washington State Health Care Authority**  
**Insurance System Replacement Project**  
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# Washington State Health Care Authority

## Insurance System Replacement Project

### Project Charter

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#### **PROJECT DESCRIPTION**

The Washington State Health Care Authority (HCA) Insurance System Replacement Project (ISRP) is a multi-dimensional initiative to implement an agency-wide, fully-integrated insurance eligibility and accounting processing system. It will deploy a combination of automated information services and re-engineered business processes that will support the business objectives of the HCA and the linkages to business partners that interface with the agency.

#### **PROJECT OBJECTIVES**

The HCA Insurance System Replacement Project will:

- Provide opportunity to review, analyze, and maximize the support processes for current and future agency strategic goals and business objectives
- Improve accessibility to HCA services for qualified Washington state residents
- Support the state-directed core HCA functions of assessment, policy development, and assurance and the directed objectives of performance measures
- Improve financial controls and information
- Interface with, and provide access to, external business partners
- Increase efficiencies by providing more end user control, reducing manual processes, and reducing dependency on Information Technology (IT) staff
- Improve service levels by streamlining customer services and enrollment processes
- Reduce cost through automation and the re-engineering of business processes
- Provide for agency-wide systems integration, thereby improving responsiveness and reducing duplicated expenses
- Allow timely access to current and historical operational and vendor or carrier performance data and provide information for direct services, current and future research, and contractual reporting requirements
- Provide business and technical systems scalability for future requirements

# Washington State Health Care Authority

## Insurance System Replacement Project

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#### **SCOPE**

The HCA ISRP scope is to acquire and implement a vendor-supplied commercial off-the-shelf software (COTS) package(s) IT system that supports the Public Employee Benefits Board (PEBB) and Basic Health (BH) lines of business.

The scope includes:

- Adaptation and integration with the technology employed by the agency today
- Adoption of joint policies or procedures applicable to both the basic health plan and employee health plans that will reduce administrative costs and improve customer service
- Establishment of the system interfaces that support the agency's interaction with interfacing partners
- Development of necessary and appropriate Internet functionality to support customer self-service
- All activities required to acquire and tailor the application, build interfaces, convert the data, prepare the technology environment, deliver training, perform system testing, and prepare the business environment for the new system
- Activities required to decommission the current systems in their present environment
- Confidentiality and security levels sufficient to ensure integrity of data and protect individual's rights regarding personal information
- Full compliance with HIPAA requirements at time of implementation

#### **METHODOLOGY/APPROACH**

The project will include the following major components:

- Development of Request for Proposal (RFP)
- Vendor Proposal evaluation
- Assessment and planning with the contracted vendor
- Development of project methodology and standards
- Requirements definition and prioritization
- Business process analysis
- Definition of required interfaces and/or current application software to be replaced
- Enhancements to the vendor-supplied package

# Washington State Health Care Authority

## Insurance System Replacement Project

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- Data conversion
- Testing
- Training
- Implementation
- Updated policies, procedures, WACs and other business tools to implement required changes

#### **CRITICAL SUCCESS FACTORS**

The conditions that are critical to the successful completion of this project are:

- Strong Executive sponsorship and consistent management support
- Executive Steering Committee members must maintain agency-wide perspectives
- Extremely high degree of cooperation from all entities within the agency
- Extensive end user participation including 100% dedicated, knowledgeable resource for Project Core Team
- Project Core Team available by May 20, 2002
- Strong project management with defined responsibilities and empowerment
- Development of comprehensive functional and technical requirements
- Development of detailed, realistic project plans
- Integrated plans for vendor, quality assurance, communication, technical and business process activities
- Timely delivery of high quality, vendor-supplied systems and enhancements
- Establishment of an issues management and resolution process
- Implementation of a Communication Plan ensuring that Project information and updates are available to staff
- Willingness to embrace change and implement principles of the Government for the New Millennium
- Involvement of Executive Stakeholder Advisory Committee members to ensure effective coordination with HCA's business partners
- Mitigation and/or contingency plans for significant identified risks

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#### **CONSTRAINTS**

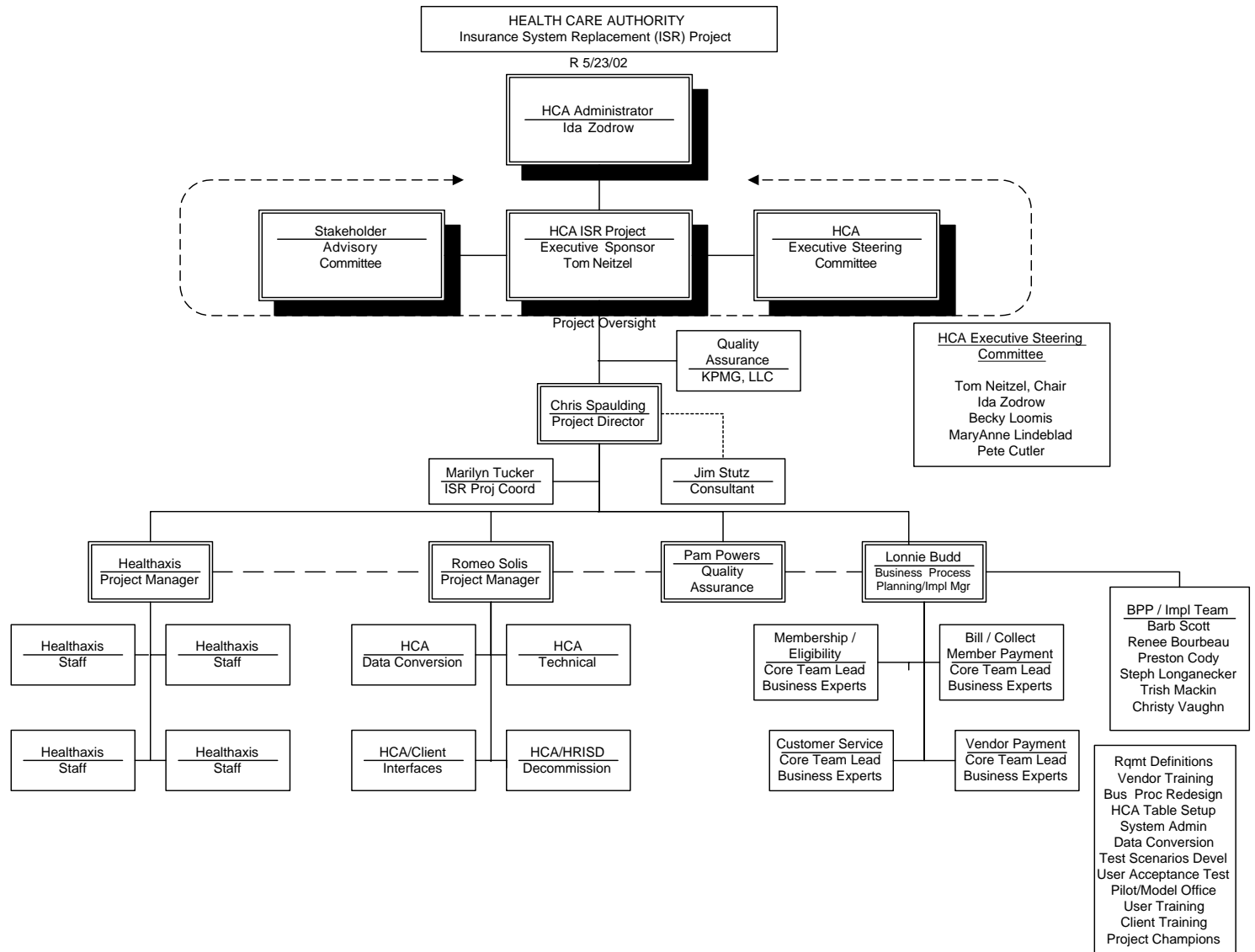
The restrictions that impact this project are:

- Scarcity of personnel with experience in large development projects
- Business units' personnel are in limited supply
- System must be implemented in June 2003
- Budget savings commitments for the 2003-2005 biennium

# Washington State Health Care Authority

## Insurance System Replacement Project

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# **Washington State Health Care Authority**

## **Insurance System Replacement Project**

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#### **ROLES AND RESPONSIBILITIES**

##### **EXECUTIVE STEERING COMMITTEE**

The Executive Steering Committee Roles and Responsibilities will include:

- Ensuring that the ISRP meets the agency business goals and objectives
- Providing agency-wide visionary direction to the ISRP
- Approving and managing project scope
- Perpetuating Executive sponsorship and functioning as “Project Champions” by promoting and endorsing participation
- Providing direction for agency-wide systems integration
- Review recommendations and provide guidance regarding alternative solution(s) for business processes
- Ultimate responsibility for issue resolution
- Making agency policy direction decisions in a timely manner
- Ensuring availability of dedicated, knowledgeable staff
- Approving, complying with, and contributing to the Project Communications Plan
- Business Process Re-engineering champions
- Maintaining accountability for project scope, schedule, budget, and business results
- Representing the Project's interest at other management committees to ensure that the Project's stated business goals and objectives are met
- Providing timely resolution of cross-organizational issues
- Resolving political, turf and other sensitive issues
- Attending regularly scheduled or “as needed” Project meetings
- Managing the business activities associated with the project such as policies and procedure development, organizational change management, staff training, and WAC revisions.

##### **STAKEHOLDER ADVISORY COMMITTEE**

The Executive Stakeholder Advisory Committee is comprised of Executive representatives from key stakeholder organizations and the Executive Steering Committee.

# Washington State Health Care Authority

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The Executive Stakeholder Advisory Committee Roles and Responsibilities will include:

- Providing visionary direction to the Project and the business areas
- Functioning as “Project Champions” by promoting and endorsing participation of stakeholder organizations and their staff
- Providing direction for inter-agency systems integration
- Review recommendations and provide guidance regarding alternative solution(s) for business processes and interfaces which affect stakeholder agencies
- Advise the Executive Steering Committee on resolution of issues affecting stakeholder agencies
- Making inter-agency policy direction decisions in a timely manner
- Ensuring availability of dedicated, knowledgeable staff to complete interface modifications and training on the new system
- Contributing to the Project's communications plan
- Providing timely resolution of cross-organizational issues
- Resolving political, turf and other sensitive issues
- Attending regularly scheduled or “as needed” Project meetings

#### PROJECT MANAGEMENT

The project management roles and responsibilities of the Project Director and Project Team Leads will include:

- Overall day-to-day responsibility for the success of the project
- Project management and coordination including:
  - ✓ Developing and maintaining the ISR Project Plan
  - ✓ Monitoring/Reporting the Project progress relative to the Plan
  - ✓ Developing project standards with initial focus on the definition of business requirements
  - ✓ Maximizing user participation and ensuring that functional and technical requirements are sufficiently detailed
  - ✓ Determining ISRP experience and knowledge requirements of project resources
  - ✓ Assigning agency personnel to specific responsibilities/assignments

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- ✓ Defining, estimating, and scheduling Project phases, activities, and tasks, estimating task duration
- ✓ Developing, monitoring and reporting status of Project Budget
- Preparing and presenting project status to Executive Steering Committee or other interested parties as required
- Providing staff support to the Executive Steering Committee
- Working closely with related technical committees
- Serving as liaison and communicating with business user groups and vendor/technical staff
- Leading efforts to ensure quality control and assurance, including change management, issue resolution and product acceptance
- Coordinating with project managers working on related projects
- Assisting with the development of the communications plan/strategy and managing project communications
- Managing the vendor contract(s)
- Respond to external Quality Assurance recommendations

#### PROJECT CORE TEAM

The ISRP Core Team is a nucleus group comprised of dedicated, knowledgeable business representatives who represent the diverse business functions of the agency. The Core Team provides the industry and functional experience that is essential to properly define the problems to be addressed, develops business solutions, and installs the solutions within the agency. The Project Core Team will dedicate 100% of their time to the Project. Additional agency staff needed to provide specific functional or technical disciplines would be temporarily added to the Project Core Team as required.

The Core Team's roles and responsibilities will include:

- Participation in the evaluation of vendor written proposals and vendor demonstrations, and recommendation for approval of the apparent successful vendor
- Function as "Project Champions" by promoting awareness and positive communications in 'home' organizations and other committees
- Development of the business functional requirement definition, emphasizing common functions and tasks shared by programs, standardizing and

# Washington State Health Care Authority

## Insurance System Replacement Project

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consolidating business processes and terminology, and eliminating duplication and/or redundant systems/processes.

- Prioritization of functional requirements
- Assist in the definition of required enhancements to the vendor's package
- Assist in developing direction for agency-wide systems integration
- Accountable for assigned project tasks
- Participate in the issue resolution process
- Make policy recommendations to achieve agency goals and objectives
- Function as ongoing, functional experts
- Tactfully keep the project within the designed scope
- Review programming specifications for accuracy and completeness
- Assist in the definition of data conversion criteria
- Participation in planning and conducting user acceptance testing to ensure quality of product and enhancements
- Development of training plans and delivery of training for functional areas, in conjunction with business experts
- May serve as a lead on project tasks
- Attend regularly scheduled or "as needed" Project meetings

#### BUSINESS EXPERTS

Business Experts are staff from throughout the agency with special expertise needed to accomplish the project objectives and tasks. Business Experts will be assigned to various project tasks according to the project plan.

The Business Experts' roles and responsibilities will include:

- Assisting the Core Team and Project Team Leads with project related tasks, including requirements definition, policies and procedures, business analysis, testing, training, and communications.
- Assist with the implementation of the new system in their respective organization

# **Washington State Health Care Authority**

## **Insurance System Replacement Project**

### **Project Charter**

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#### **QUALITY ASSURANCE CONSULTANTS**

The quality assurance consultants are independent external contractors who oversee project operations and recommend improvements. Their roles and responsibilities include:

- Perform an independent assessment of project progress and independent evaluation of key project decisions, directions and deliverables
- Work collaboratively with the Project Team, Project Director and Steering Committee, and will be responsible to the Project Director to report on the progress and status of the project.

#### **COMPLETION CRITERIA**

The HCA ISRP will be completed when all defined deliverables and implementation requirements have been verified and certified as acceptable, and the system is “in production”. The definition of deliverables and required levels of completion will be published by Project Management with Executive Steering Committee concurrence.

# Washington State Health Care Authority

## Insurance System Replacement Project

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#### EXECUTIVE STEERING COMMITTEE MEMBERSHIP:

Tom Neitzel, Executive Sponsor & Chair	Manager, Administrative and Information Services Health Care Authority
Ida Zodrow	Administrator Health Care Authority
MaryAnne Lindeblad	Assistant Administrator Public Employees Benefit Board
Becky Loomis	Assistant Administrator Basic Health
Pete Cutler	Assistant Administrator Finance, Legal and Policy

#### STAKEHOLDER ADVISORY COMMITTEE MEMBERSHIP

Katie Dwyer	Assistant Director, HR / Benefits Higher Education (UW)
Sadie Hawkins	Assistant Director, Accounting Office of Financial Management
Doug Tanabe	Deputy Director, Personnel Department of Personnel
Diane Weeden	Director, Program Support Medical Assistance Administration
Lucille Christenson	Assistant Director, Retirement Services Department of Retirement Systems

# Washington State Health Care Authority

## Insurance System Replacement Project

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#### PROJECT CORE TEAM MEMBERSHIP:

Renee Bourbeau	Quality Improvement Coordinator, Public Employees Benefits Board
Preston Cody	Manager, Program Support, Basic Health
Stephanie Longanecker	DBA Developer, Information Technology
Trish Mackin	Technical System Support Specialist, Basic Health
Barb Scott	Benefits Marketing Representative, Public Employees Benefits Board
Christy Vaughn	Accounts Receivable Supervisor, Basic Health Insurance Accounting

#### PROJECT TEAM LEADS

Lonnie Budd	Quality Assurance Manager Information Technology
Pam Powers	Quality Assurance Information Technology
Romeo Solis	IS Resource Manager Information Technology
Christine Spaulding	Project Director Information Technology
Jim Stutz	Project Director Consultant Information Technology
Marilyn Tucker	IT Manager Information Technology

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## Insurance System Replacement Project

### Project Charter

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#### CHARTER APPROVAL

Executive Steering Committee:

We, the undersigned Executive Steering Committee Members, approve the Insurance System Replacement Project Scope and support the Insurance System Replacement Project

Signed:

\_\_\_\_\_  
Tom Neitzel, Executive Sponsor & Chair  
Manager, Administrative and Information Services

\_\_\_\_\_  
Date

\_\_\_\_\_  
Ida Zodrow, Administrator  
Health Care Authority

\_\_\_\_\_  
Date

\_\_\_\_\_  
MaryAnne Lindeblad, Assistant Administrator  
Public Employees Benefit Board

\_\_\_\_\_  
Date

\_\_\_\_\_  
Becky Loomis, Assistant Administrator  
Basic Health

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pete Cutler, Assistant Administrator  
Finance, Legal and Policy

\_\_\_\_\_  
Date



## APPENDIX B – ISRP HARWARE/SOFTWARE STATUS

The following table presents a synopsis of the redeployment of HP/Compaq servers from the Insurance System Replacement Project in the HCA infrastructure

	NEW SERVER FUNCTION	SERVER LOCATION
1	SOFTWARE MANAGEMENT SERVER – Used to deploy new software and software upgrades from centralized distribution source and without disruption to users.	LACEY
2	GLOBAL CATALOG SERVER – Replaces obsolete server and provides authentication at user logon and control of user rights and permissions. Replaced server to HCA test bed	SEATTLE
3	DYNAMIC HOST CONTROL PROTOCOL/WINDOWS INTERNET SERVER – Used to enable computer access to HCA Local Area Network (LAN), provides reliable access to LAN based servers and Internet.	LACEY
4	BIZTALK SERVER – Used for HCA compliance of mandated Health Insurance Portability and Accountability Act (HIPAA) regarding data exchange with business partners	LACEY
5	DYNAMIC HOST CONTROL PROTOCOL/WINDOWS INTERNET SERVER – Used to enable computer access to HCA Local Area Network (LAN) and provide reliable access to LAN based servers and Internet.	SEATTLE
6	ROAMING PROFILE SERVER – Allows users to log in at multiple computer locations retaining consistent profiles and settings that provide constant look and feel at all locations. Particularly useful for HIBS that work in multiple locations such as counter and own workstation, temporary duty assignments, Lacey and Seattle. This also allows consistent access to support services such as imaging mainframe, email.	LACEY
7	ORACLE SERVER – Deployed to enhance HCA's capability to response to business areas, legislative and management requests for complex data queries and data analysis in a timely manner.	LACEY
8	ORACLE SERVER – Deployed to enhance HCA's capability to response to business areas, legislative and management requests for complex data queries and data analysis in a timely manner.	LACEY
9	IMAGING SERVER – Used to provide better imaging responsiveness to end users.	LACEY
10	SQL SERVER for SMS – Required database server to support the Software Management Server	LACEY

Note: Three of the above servers (#2, 3, & 5) replaced existing servers. The replaced servers will be used to supplement the HCA test bed to facilitate testing of new software and hardware, complete vulnerability assessments, and conduct more realistic disaster recovery testing in compliance with ISB requirements.

The following table presents a synopsis of the redeployment of SUN db UNIX based servers and CISCO Local Directors (LD-417) from the Insurance System Replacement Project

1	SUN F4800 – Production level dB serve (1) – Currently in HCA Data Center – Potential disposition includes “marketing” to other state agencies and/or private sector. Have received private sector bids to purchase but at greatly diminished value.	LACEY
2	SUN V480 – Training/QA Servers (2) - Currently in HCA Data Center – Potential disposition includes “marketing” to other state agencies and/or private sector. Have received private sector bids to purchase but at greatly diminished value.	LACEY
3	CISCO LOCAL DIRECTORS – Acquisition process by DIS in process to purchase both Local Directors from HCA	LACEY

The following table presents a synopsis of the redeployment of 3rd party software from the Insurance System Replacement Project in the HCA infrastructure:

1	WINDOWS SERVER SOFTWARE – All Windows server software is being upgraded to Windows Server 2003 to provide current version within HCA infrastructure.	LACEY
2	BIZTALK, HIPAA ACCELLATOR and SQL SERVER – Is currently being used in support of the Basic Health compliancy with HIPAA mandate transaction formats	LACEY
3	CRYSTAL REPORTS –Developer Desktop version currently deployed within HCA Information Services. Server version not currently deployed.	LACEY
4	ORACLE Db SOFTWARE – UNIX based version not currently deployed. Oracle Marketing contacted to pursue potential sale opportunities. Potential disposition includes "marketing" to other state agencies.	LACEY
5	POSTALSOFT – To be used in conjunction with WEB entry of Basic Health address information	LACEY

APPENDIX C  
Insurance System Replacement Project  
Post-Project Review  
Close Out State of the Product

Content Last Revised: 4/22/04

1. **Purpose:** The purpose of this report is to describe the condition of the Healthaxis Insur-Admin product from the Health Care Authority's perspective at the time work by HCA was stopped on the project, 3/10/2004.
2. **Background:** HCA sent a termination notice to Healthaxis, dated January 20, 2004. HCA required Healthaxis to complete its system testing on the product by February 20, 2004, the end of the "cure" period. Build number 117 is the last build to be delivered before the February 20 milestone.
  - 2.1. Due to the importance of this build, HCA testing staff conducted more extensive testing, and took more time testing, on build 117 than was typical of a single build. The testers took seven days (February 18 through February 25) to test the build. The testing included regression testing and other retesting of areas already passed. At the end of the testing for this build, the percent passing HCA system test items was 65.2 percent, down from 66.4 percent on the February 23 report.
  - 2.2. Build 119, which includes build 118, was tested from February 27 through March 10. The purpose of this testing was to see if any dramatic change had occurred in the state of the product. This testing further reduced the percent of areas passed to 62.7 percent.
3. **Scope:** The scope of this report includes HCA's observations and test results from direct experience with the application during system testing. It evaluates the state of the product compared with requirements in both the RFP and the requirements and design documents prepared during the project.
4. **Current status of the project at the time the work stopped:**
  - 4.1. Two major activities were in progress. System Testing and Data Migration.
  - 4.2. System testing began in February 2003 and remained unfinished by February 20, 2004. HCA had passed 62.7 percent of items needed for implementation.
  - 4.3. Data Migration was in progress also. Over 99 percent of current (Jan '04) records were successfully converted. 2003 History records were converted.
  - 4.4. History for 2002 and 2001 was ready to convert (extracted from old systems) but not yet loaded in the new system for the second time.
  - 4.5. Healthaxis/Satyam conducted performance testing once, and baseline data is available.
  - 4.6. Training materials development is partially complete and is on hold until the system is completed
  - 4.7. The quality and stability of the system are reflected in the length of time spent conducting System Testing. This activity was originally scheduled for 3-4

months and was in its 13<sup>th</sup> month at the time work stopped, with a significant amount of testing remaining to be done.

**5. Features that are liked and work well:**

- 5.1. Basic Health Waiting List
- 5.2. The copy feature for the creation or modification of a user ID by copying an existing user ID (minus the subgroups, which do not work)
- 5.3. Rating Engine concept
- 5.4. Search screen
- 5.5. Sub-group set-up
- 5.6. Quick-add concept
- 5.7. Employer form concept
- 5.8. English words are used, rather than codes and acronyms
- 5.9. Screens are not crowded with data
- 5.10. Postal soft integration
- 5.11. "Select New" button to inquire upon a new record
- 5.12. Attaching carriers or subgroups to user IDs in security

**6. Summary of condition of the product:**

- 6.1. The product has not yet passed System testing and the End to End tests have not been done.
- 6.2. HCA has successfully tested a little over 60 % of the online functions. However, these functions do not represent a full business function, so they are not usable until entire processes and functions work.
- 6.3. HCA has successfully system tested only seven batch processes. They are:
  - 6.3.1. Lockbox interface
  - 6.3.2. BH Waiting List
  - 6.3.3. Mass Bill Messages
  - 6.3.4. Mass Miscellaneous Charges
  - 6.3.5. EDS PC Direct interface
  - 6.3.6. VEBA Payment interface
  - 6.3.7. Post Payment
- 6.4. The remaining 38 batch and interface processes are a significant and integral part of day-to-day operations. The application cannot be used in the business without them. The remaining batch and interface processes, except 8, have all been tested to varying degrees and await either bug fixes or certification by Healthaxis that they are ready for HCA to test.

The total number of batch and interface processes is still uncertain. As late as February 2004, a new batch process was identified for enrolling Basic Health clients that had paid and selected a plan.

**6.5. The Application is incomplete** (still under development)

6.5.1. Healthaxis' Where We Are Report dated 3/3/04 lists the following areas that are not finished with system testing (not ready for UAT or HCA System Test):

- 6.5.1.1. CR 110-Unique ID Security
- 6.5.1.2. CR 146-Final Certification Term Date
- 6.5.1.3. Mass Rate Change
- 6.5.1.4. Issue Bill Summary
- 6.5.1.5. CR 114-Billing Output
- 6.5.1.6. Reporting Function, including create Select Lists and Mailing Labels
- 6.5.1.7. Manage Pending Eligibility Transactions
- 6.5.1.8. Carrier Payments-HIPAA 820 transactions
- 6.5.1.9. Carrier Eligibility-HIPAA 834 transactions
- 6.5.1.10. Print Letters
- 6.5.1.11. CR 126-Mass Term Dependent
- 6.5.1.12. CR 127-Mass Transfer Status
- 6.5.1.13. Basic Health Open Enrollment
- 6.5.1.14. PEBB Retiree form (WEB)
- 6.5.1.15. PEBB Ongoing change form (WEB)
- 6.5.1.16. PEBB Open Enrollment (WEB)
- 6.5.1.17. Recoupment
- 6.5.1.18. Basic Health 3 strike rule
- 6.5.1.19. CR 32-Basic Health change address letter process
- 6.5.1.20. CR 89-834 from DSHS
- 6.5.1.21. CR 120/135-Add enrollment and history/ Subgroup access to terminated insureds
- 6.5.1.22. CR-122 PEBB Invoice Process

- 6.5.1.23. CR-131 Uniform Neighborhood coverage rules
- 6.5.1.24. CR-134 LTD Optional Rule
- 6.5.1.25. CR-140 Annual certification
- 6.5.1.26. CR-144 Billing & Payment Displays
- 6.5.1.27. CR-145 Last invoice Month
- 6.5.1.28. CR-148 Accounting Changes
- 6.5.1.29. CR-150 Employer form gender edit
- 6.5.1.30. AFRS Interface; Including CR-019A
- 6.5.1.31. Central Pay Billing
- 6.5.1.32. DSHS Match Batch
- 6.5.1.33. Employee Inbound Interface
- 6.5.1.34. Central Pay, Higher Ed & DRS Billing
- 6.5.1.35. Higher Ed & DRS Daily
- 6.5.1.36. Higher Ed & DRS Payment
- 6.5.1.37. Moore Invoice File
- 6.5.1.38. Open Enrollment Reporting
- 6.5.1.39. Data conversion/Setup
- 6.5.1.40. All post production functionality (Call Tracking, Issue Bill Summary, HIPAA 270/271 (Provider Inquiry on Eligibility), some Set-up and Mass Processes)
- 6.5.1.41. Reports
- 6.5.1.42. Letters

## **7. Some Missing Requirements (not yet met or developed)**

### **7.1.1. RFP requirements that are not met include:**

#### **7.1.1.1.Netscape compatibility (requirement)**

7.1.1.2.Ad hoc reporting for end users through the application (requirements 8.2.3.2 and 8.2.7.2 and 8.2.9.16) HCA agreed to have reports handled through Crystal Reports only because Healthaxis said it was the only solution – that Insur-Admin had been designed to support transactions rather than reporting.

7.1.1.3.Active data dictionary(requirement 8.2.9.6)

7.1.1.4.Online help (requirement 8.2.9.11 and 8.2.12.5)

7.1.1.5.Ease of application management (requirement 8.2.9.13)

7.1.1.6.Ability of Health care providers to access member eligibility (requirement 8.2.12.2)

7.1.2. HCA project staff identified the following additional areas still in development:

7.1.2.1. No Life and LTD approval process

7.1.2.2.BizTalk has never worked, resulting in no ability to send carriers enrollment data or payments data.

7.1.2.3.No reports

7.1.2.4.Real time accounting transactions that should be displayed real time are actually batch

7.1.2.5.There is no automated selection process for certification

## **8. Key business issues**

**8.1. Less automation:** The system is less automated than current systems, potentially requiring more staff, both at the business and technical perspective.

**8.2. Pending Transactions:** Pending transactions need to be recorded when received and when approved or denied. The new system does not accomplish this, with the predicted result of increased errors and non-essential keystrokes.

**9. Key performance issues:** At the time work ceased on the ISRP, only one performance test had been performed by Healthaxis/Satyam. The following examples illustrate HCA's experience with the system. Due to the incomplete state of the system, HCA was unable to take extensive measurements.

**9.1. Transaction time:** Some transactions take considerably longer in the system, e.g. an address/plan change for a Basic Health family of 4 takes 1 minute in the legacy system and 10 minutes in the new system.

- 9.2. Transaction time:** Online response time on some transactions is unacceptable, e.g. complex screens that complete the transaction in “ongoing changes” screens.
- 9.3. Batch run times:** Some batch run times are unacceptable, e.g. Individual Billing and Mass Rate Change take at least 36 hours each to run. Other batch run times are as yet unknown. Healthaxis has not demonstrated that all the batch runs that are required can be run in the time available.
- 9.4. Overall processing time:** It is not unusual in any new system to find that some transactions take longer than the legacy system and some take less time than the legacy system. The goal is to improve overall processing time. The system is not sufficiently complete to prove whether or not overall processing time is increased. However, the sheer number of processes that take more time are cause for grave concern for HCA. It is not clear if HCA can conduct its business in a timely manner and/or without adding staff with this product.

## **10. Key security issues**

- 10.1. Access:** Agency (subgroup) security does not limit access to that agency’s records
- 10.2. Access:** Allows users to do unauthorized tasks
- 10.3. Access:** A user is able to increase or modify their own security
- 10.4. Audit Trail:** Poor audit trail of security transactions
- 10.5. Copy Function:** Cannot copy a subgroup’s security to another subgroup
- 10.6. Incomplete Security:** Security is at the front end only. It is not clear how security is handled at the database level or server level.
- 10.7. Incomplete Fixes:** Security fixes were done in a narrow respect e.g. it might be corrected for an individual but not for all CSRs. Problems were not fixed throughout the application.
- 10.8. Member Access:** Member login-if the member has trouble with or changes a password, all the login data must be reentered.
- 10.9. Menu:** Extraneous items are on the menu – items that won’t be used by the type of user, or items which are not authorized for use by the type of user.
- 10.10. Process:** It is not clear what to enable in order to make a function work
- 10.11. Process:** Background processing in security is unclear. You cannot see if the default was used, and you cannot reapply it.



## **11. Key Design Problems**

- 11.1.** Transaction history has 16 menu items making it difficult to see the history you need in one screen.
- 11.2.** Can't see all the coverage for a family without going into each member's record.
- 11.3.** A process for reactivating Basic Health enrollees is missing
- 11.4.** In Manage Batch, the button "Batch View Report" is non-functional. It should show an exception report.
- 11.5.** When looking at the users id screen (security), cannot track a line of data across the screen. There is data on the far left and far right of the screen.
- 11.6.** Back button has mixed use. Sometimes it erases all data, sometimes it allow correction of data without erasing.
- 11.7.** Edits are not at the moment of data entry, they are at the end page when submit is pressed.
- 11.8.** In some cases edits do not properly restrict enrollment, e.g. student overage.
- 11.9.** Security Design is convoluted
- 11.10.** Basic Health staff have to go to every individual's record in a family to see their coverage. PEBB has to go to every individual's record to see waived coverage.
- 11.11.** Eligibility is linked to coverages rather than to person or group.
- 11.12.** Menus are convoluted and hard to use
- 11.13.** Too many screens to do some processes, e.g. rate maintenance
- 11.14.** Lack of context automation, e.g. entering a divorce date does not automatically update marital status or the spouse relationship.
- 11.15.** Search for dependent is complicated and requires many screens. It calls the Insured record and then one must drill down to the dependent record.
- 11.16.** Storage requirements for the system are unknown. How will the system manage all the letters, transaction logs, reports, log files and output files stored on the Unix.
- 11.17.** There is no ability to roll back and restore a job that aborts or is interrupted in progress. The proposed solution to run the job again is prone to errors.
- 11.18.** Ability to backup and restore is not apparent.
- 11.19.** A pending transaction for the insured or dependent locks up the record of the insured, and marks the status as "application pending" when the status should be "active".
- 11.20.** There is no place to record that the pending transaction is approved. The record says it is pending every time it is accessed, even after approval.
- 11.21.** Edits are not robust or user friendly. The end user can make many errors due to the lack of robust edits.
- 11.22.** A user can be directed to a screen they are not authorized to use, and they can enter data (although nothing happens as a result). If they know not to use the screen, they still have to page through it even though they will never use it.
- 11.23.** Record key is not on every screen. It is easy to lose track of which record you are working on.
- 11.24.** Group Account Set-up is cumbersome and has too many screens
- 11.25.** Navigation is not customized to a process.

- 11.26.** Screens show the most recent data, even if it is future data. One has to go to the history screens to see current data when there is pending future transactions in the current data view.
- 11.27.** Termination date is the first day without coverage. This definition is non-standard in the industry and creates problems in HIPAA translation. It also created extra work in the conversion of legacy data and history.
- 11.28.** Automated processes depend upon user select list function, which has too little capacity and is not fully developed.
- 11.29.** Some implementation changes are not fully documented so we cannot figure out how it works, e.g. letters and certification
- 11.30.** Transaction history is fragmented (entirely new menu). You cannot look in just one place for history.
- 11.31.** Design changes appear to happen “on the fly” without user participation, e.g. certification, transaction history, letters, reporting, re-enrollment, reactivate, Crystal Reports and security
- 11.32.** One does not see member open enrollment data until a batch process is run called “member enrollment”. This process and this dependency is not documented.
- 11.33.** Inconsistencies in identifying an insured from all others
- 11.34.** Unique ID is not really used, each person could have many IDs.
- 11.35.** Problems with concurrency control, locking and unlocking of records to protect the update of data.
- 11.36.** Search screen is limited to the first 50 records found.

## **12. System Stability Problems**

- 12.1.** Regression problems are typical, that is, processes that worked before, do not now work. This instability is reflected in the HCA Testing Results over time. An example is the use of change effective date and rates

## **13. Key operations issues**

- 13.1.** This large scale system is not as automated as the legacy systems, requiring more resources to operate it.
- 13.2.** Existing legacy batch processes are broken into two or more processes in the new system requiring much more manual management of the processes. For example, you must create a select list or a select template of records to be processed, and then run the process.
- 13.3.** Technology transfer is not occurring. When HCA tried to have a staff member trained in stopping a runaway batch process, it was described as too complicated.
- 13.4.** The system will be manually intensive to run, requiring more staff
- 13.5.** The system is prone to little mistakes, e.g. rate change.

## **14. Data Migration issues**

- 14.1.** Termed coverage is loaded as current coverage.
- 14.2.** Missing recoupment data. At first it was not defined as needed. Still not there.
- 14.3.** Pending transactions are still not converted
- 14.4.** Data fields are continuing to be revised, e.g. amounts in the accounting files

## **15. Key documentation issues**

- 15.1.** The design documentation was not updated as the implementation changed
- 15.2.** No user system documentation was available to testers, making it difficult to understand how the system works.

## **16. Key architecture issues**

- 16.1.** There is no apparent application architecture other than the menu structure, which represents online and set-up processes only.
- 16.2.** There is no apparent application architecture documentation.

**17. Conclusion:** The state of the Insur-Admin product at the end of the “cure” period clearly was incomplete. Further, it will not be ready for User Acceptance testing in the foreseeable future. It is difficult, if not impossible, to accurately predict an end date for System Testing.

### Appendices:

- C-1 Where We Are Report (Readiness to Test), dated 3/3/04, produced by Healthaxis each Wednesday to inform HCA what is ready to test
- C-2 Performance Test Results, dated 2/12/04, the results of the first performance test conducted by Satyam
- C-3 HCA System Test Matrix, dated March 10, showing areas that had passed system testing as of build 118/119
- C-4 Batch Testing Status

## Appendix C-1

Where We Are Report (Readiness to Test), dated 3/3/04

Notes about this document:

- The information in this document includes all bugs that are not in a Closed (or later) state as of 12:45 pm CST, Wednesday, March 3<sup>rd</sup>. (294 bugs)
- Document format/color coding:
  - Green indicates functionality that has been validated as being ready for UAT.
  - For each piece of “green” functionality the open bugs have been broken into 3 categories:
    - Exceptions – P1 or P2 bugs
    - Exceptions (P3): - P3 bugs
    - Clean up items – P4 or P5 bugs
  - Yellow highlights the exceptions for “green” items. (P1, P2 and P3 bugs)
  - Orange indicates functionality that is not ready.

Module	System Menu Process	Bugs
Security	Security/Common	<u>Exceptions:</u> 4497 Cookie issues 6162 Script time out with large families 6171 Member login – error message when logging on 6285 View only employer able to add dependent 6431 Add Quote functions 6456 Employer attached to only one subgroup can add users to other subgroups 6461 Default user types not being used 6466 Default user types not being used 6468 Access changing on its own 6472 CSR Access/adding enrollment 6506 Insured user with no access to any billing & accounting 6530 Employer can attach subgroups 6537 Client administrator can attach subgroups they don't have access to 6538 Client administrator can add and delete CA login 6556 Login screen used by CA, CSR, Employer & Carrier

Module	System Menu Process	Bugs
		<u>Exceptions(P3):</u> 1526 Document view issues 3909 Future announcements are being displayed 4744 Contact us issues 4759 View links issues 4764 View announcements issues 4878 System time out 20 minutes 4919 Employer login error 6172 New system generated password should be random 6312 Employer error message when accessing Copy Coverage, Plans & Rates 6442 Employer with full access can't update documents, links, announcements 6445 View only employer unable to view security 6498 Locked record not really locked 6533 Carrier could not have Manage eligibility
		<u>Clean up:</u> 5197 Storing/Displaying ' 5596 Navigation from Carrier View Elig 6048 Error message clean up 6049 Drop down list sort order 6050 Insurance month displays consistent 6051 Dollar amount displays consistent 6094 Manage/View Documents 6423 Functions listed out of order 6435 Contact Us format phone number 6503 Select New using wrong open web browser when 2 are opened 6526 Employer loses ability to see own record
	CR-110 Unique ID Security	

Module	System Menu Process	Bugs
Setup	Client Level	<u>Exceptions:</u> N/A
		<u>Exceptions(P3):</u> N/A
		<u>Cleanup:</u> 4871 User table clean up 5397 View History – Eligibility Rule
	Group Setup	<u>Exceptions:</u> 6494 Unable to attach new contributions
		<u>Exceptions(P3):</u> N/A
		<u>Cleanup:</u> N/A
	Subgroup Setup	<u>Exceptions:</u> N/A
		<u>Exceptions(P3):</u> 6363 Duplicate items in View History coverages 6443 No validation on supp fields
		<u>Cleanup:</u> 6441 View subgroup supp fields issue
	Letter Setup	<u>Exceptions:</u> N/A
		<u>Exceptions(P3):</u> 3308/4059 Able to update letters without being in the application 6233 Need list of family members with coverage status of active
		<u>Cleanup:</u> N/A
Eligibility	General	<u>Exceptions:</u> N/A
		<u>Exceptions(P3):</u> 6260 Calculation of premium using pending members/coverages
		<u>Cleanup:</u> 5538 CR 111 Screen cleanup 6029/6131 Back arrow allows for duplicate finish
	Add Enrollment	<u>Exceptions:</u> 5616/5786/5802/5818/5822 Records not saved

Module	System Menu Process	Bugs
		<u>Exceptions(P3):</u> 6364 Hard error when adding retiree
		<u>Cleanups:</u> N/A
	Change Enrollment	<u>Exceptions:</u> 6488 Income change not using right rates 6502 Re-enroll spouse rate not recalced 6565 Contributions not recalculated after change in family comp
		<u>Exceptions(P3):</u> 4361 History links removes user from transaction flow 6464 New address not showing
		<u>Cleanup:</u> 5138 No recalc when dep termed or dep status changed
	Term Enrollment	<u>Exceptions:</u> N/A
		<u>Exceptions(P3):</u> 6524 Seeing all coverages insured ever had
		<u>Cleanup:</u> N/A
	Transfer Enrollment	<u>Exceptions:</u> N/A
		<u>Exceptions(P3):</u> 6361 Group & individual account change issues
		<u>Cleanup:</u> N/A
	Open Enrollment	<u>Exceptions:</u> N/A
		<u>Exceptions(P3):</u> 6484 Effective date default
		<u>Cleanup:</u> N/A
	Certification Processing – Initial (excluding Recoupment; including CR 124 & CR 125)	<u>Exceptions:</u> 6493 Selection issues
		<u>Exceptions(P3):</u> N/A
		<u>Cleanup:</u> N/A
	Certification Processing – Follow up (excluding Recoupment;	<u>Exceptions:</u> 6505 Not picking up accounts



Module	System Menu Process	Bugs
	including CR 124 & CR125)	<u>Exceptions(P3):</u> N/A
		<u>Cleanup:</u> N/A
	Certification Process – Final (excluding Recoupment and CR 146)	<u>Exceptions:</u> N/A
		<u>Exceptions(P3):</u> N/A
		<u>Cleanup:</u> N/A
	Review Eligibility	<u>Exceptions:</u> N/A
		<u>Exceptions(P3):</u> 6186 Transaction history – changes showing when none were made 6190 Trans history – new income amount missing 6269 Cert history displays letter that was not issued 6401 No data displayed for add 6433 Coverage Hist & Personal Supp History 6471 Dep Supp Info 6523 Cov His – double transactions
		<u>Cleanup:</u> 4925 Premium History – contributions incorrect 5060 Citizenship flag issues 5665 View personal rep info 6329 View Premium Info for old subgroup for transfer 6413 Personal Rep Info missing 6415 History screen clean up
		<u>Exceptions:</u> 4996 Hard error when update
		<u>Exceptions(P3):</u> 4588 Hard error when linking 4589 Alias record not being updated 6528 Report shows no data
		<u>Cleanup:</u> N/A
	COBRA Administration	<u>Exceptions:</u> N/A
		<u>Exceptions(P3):</u> 6373 Missing Postal Soft 6377 Issues from Employer Login

Module	System Menu Process	Bugs
		<u>Cleanup:</u> N/A
	CR-146 Final Certification Term Date	6514 CR146 Termination processing
<b>Billing &amp; Accounting</b>	Manage Group Accounts	<u>Exceptions:</u> N/A
		<u>Exceptions(P3):</u> N/A
		<u>Cleanup:</u> N/A
	Manage Individual Accounts	<u>Exceptions:</u> N/A
		<u>Exceptions(P3):</u> N/A
		<u>Cleanup:</u> N/A
	Mass Apply Billing Messages	<u>Exceptions:</u> N/A
		<u>Exceptions(P3):</u> N/A
		<u>Cleanup:</u> N/A
	Mass Apply Misc Charges	<u>Exceptions:</u> N/A
		<u>Exceptions(P3):</u> N/A
		<u>Cleanup:</u> 5648 Calculation of % and interest 6547 Hard error when adding new charge
	Mass Age Change	<u>Exceptions:</u> 6473 Incorrect age calc 6504 Ignores job parameters
		<u>Exceptions(P3):</u> 6046 Always canceling/reissuing individual receivables 6563 Aging month premium not correct
		<u>Cleanup:</u> 6043 Transaction History displays
	Mass Rate Change	5935 adjustment issues 6061 Display issues 6389 Record not updated 6400 Mass Process updates related to Bug 6260

Module	System Menu Process	Bugs
	Group Billing	<u>Exceptions:</u> 6490 Transfer to Ind billing adjustments missing 6561 Census report incorrect 6567 Employer contribution missing
		<u>Exceptions(P3):</u> N/A
		<u>Cleanup:</u> 4397 Cancel – parameters lost
	View Group Billing	<u>Exceptions:</u> N/A
		<u>Exceptions(P3):</u> N/A
		<u>Cleanup:</u> N/A
	Mass Individual Billing	<u>Exceptions:</u> 5739 Addl backout/reissue issues 5742 Performance issues 6438 Handling term dates that are not the 1 <sup>st</sup> correctly
		<u>Exceptions(P3):</u> N/A
		<u>Cleanup:</u> 5008 Months per cycle doesn't work
	Monthly Close	<u>Exceptions:</u> N/A
		<u>Exceptions(P3):</u> N/A
		<u>Cleanup:</u> N/A
	Back Out Monthly Close	<u>Exceptions:</u> N/A
		<u>Exceptions(P3):</u> N/A
		<u>Cleanup:</u> N/A
	Manage Receivables	<u>Exceptions:</u> N/A
		<u>Exceptions(P3):</u> 6564 Balance updated, charge was not when adjustment made
		<u>Cleanup:</u> N/A
	Manage Priority Receivables	<u>Exceptions:</u> N/A

Module	System Menu Process	Bugs
		<u>Exceptions(P3):</u> N/A
		<u>Cleanup:</u> N/A
	Mass Invoice Priority Receivables	<u>Exceptions:</u> N/A
		<u>Exceptions(P3):</u> N/A
		<u>Cleanup:</u> N/A
	Batch Payments	<u>Exceptions:</u> 6453 Able to unpost the same batch multiple times
		<u>Exceptions(P3):</u> N/A
		<u>Cleanup:</u> N/A
	Manage Payments	<u>Exceptions:</u> N/A
		<u>Exceptions(P3):</u> N/A
		<u>Cleanup:</u> N/A
	Manage Payment Information	<u>Exceptions:</u> N/A
		<u>Exceptions(P3):</u> N/A
		<u>Cleanup:</u> N/A
	Manage Refunds/Release Refunds	<u>Exceptions:</u> N/A
		<u>Exceptions(P3):</u> N/A
		<u>Cleanup:</u> N/A
	Arrears Processing	<u>Exceptions:</u> N/A
		<u>Exceptions(P3):</u> N/A
		<u>Cleanup:</u> N/A
	View Arrears Report	<u>Exceptions:</u> N/A
		<u>Exceptions(P3):</u> N/A

Module	System Menu Process	Bugs
		<u>Cleanup:</u> N/A
	Create Cancellation Batches	<u>Exceptions:</u> N/A
		<u>Exceptions(P3):</u> N/A
		<u>Cleanup:</u> N/A
	Cancellation Processing	<u>Exceptions:</u> 6409 Termination processing not occurring
		<u>Exceptions(P3):</u> 6560 Didn't cancel group
		<u>Cleanup:</u> N/A
	Calculate Payables	<u>Exceptions:</u> 5926 Processing Individual Accounts
		<u>Exceptions(P3):</u> 6410 Missing dependent adjustments
		<u>Cleanup:</u> N/A
	Release Payables	<u>Exceptions:</u> N/A
		<u>Exceptions(P3):</u> N/A
		<u>Cleanup:</u> N/A
	View Applied Payments	<u>Exceptions:</u> N/A
		<u>Exceptions(P3):</u> N/A
		<u>Cleanup:</u> N/A
	View Account Activity	<u>Exceptions:</u> N/A
		<u>Exceptions(P3):</u> 6457 Payment adjustment not reflected in details
		<u>Cleanup:</u> N/A
	View Billing & Payments	<u>Exceptions:</u> 6454 Payment adjustments not showing 6513 Transfer batch amounts not displayed

Module	System Menu Process	Bugs
		<u>Exceptions(P3):</u> 6568 Priority receivable issues
		<u>Cleanup:</u> N/A
	Issue Bill Summary	5728 Can't run on closed months 5892 Dollars are not correct
	CR-114 Billing Output	

Module	System Menu Process	Bugs
Reporting	Create Select Lists	4600 Missing fields 6080 Supplemental fields 6177 Issue with Effective and Term Dates 6258 Security
	Reporting	6155 Distribution options 6294 Design update 6304 System time out 6308 Eligibility_005 6311 account id issue 6346 Rpt 116 not pulling data 6397 Performance issues 6496 Pick Params Page – Validations 6497 Cash Receipts column headings 6500 Pick Params for Cash Receipts error 6501 No data on Cash receipts report 6515 No batch job created when report scheduled 6518 Applied Payment Excel format issues 6519 Applied payment excel data doesn't match system 6520 Applied payment format 6521 Applied payment text doesn't match excel 6532 Earned income validation 6534 Earned income text is blank 6535 Earned income browser output issue 6545 Font not consistent 6546 Pick Params for earned income 6550 Termed accounts w/balances – format 6552 Account balance text access denied 6553 Account balance column headings 6554 Premium report text access denied 6557 Premium report formats 6558 Premium report pick params 6559 Account Balance pick params
	Mailing Labels	

Module	System Menu Process	Bugs
Other	Manage Letters	<u>Exceptions:</u> N/A
		<u>Exceptions(P3):</u> N/A
		<u>Cleanup:</u> 6482 Print & View do same thing
	Mass Letter Issuance	<u>Exceptions:</u> N/A
		<u>Exceptions(P3):</u> 6077 Manage letters missing data when mass issued
		<u>Cleanup:</u> N/A
	Auto trigger letters	<u>Exceptions:</u> N/A
		<u>Exceptions(P3):</u> 6407 Handling of COBRA people
		<u>Cleanup:</u> N/A
	Document Tracking	<u>Exceptions:</u> N/A
		<u>Exceptions(P3):</u> N/A
		<u>Cleanup:</u> N/A
	Manage Batch Jobs	<u>Exceptions:</u> N/A
		<u>Exceptions(P3):</u> N/A
		<u>Cleanup:</u> 4483 Screen refresh issues
	Mass Transfers	<u>Exceptions:</u> N/A
		<u>Exceptions(P3):</u> 6180 Adjustments not calculated in new subgroup
		<u>Cleanup:</u> 6215 error message cleanup 6347 Transaction history display
	Mass Terminations	<u>Exceptions:</u> N/A
		<u>Exceptions(P3):</u> 6542 Shows job running after completion 6543 Record count incorrect



Module	System Menu Process	Bugs
		<u>Cleanup:</u> N/A
	Mass Reactivations	<u>Exceptions:</u> N/A
		<u>Exceptions(P3):</u> N/A
		<u>Cleanup:</u> N/A
	Manage Pending Eligibility Transactions	6398 Brings up wrong insured 6399 New Hire Extended deps not pending 6403 Pending Date/Update Date Consistency
	820	5624 File issues
	834	5140 No output file 5591 File issues 5835 BizTalk snap-in errors 6463 No output file for CHP
	Print Letters	5975 Restatement of requirements
	CR-126 Mass Term Dependent	
	CR-127 Mass Transfer Status	6522 Individual billed status
<b>HCA Specific</b>	BH Quoting/Manage Application Processing	<u>Exceptions:</u> 4681 Quoting for more than 3 dependents
		<u>Exceptions(P3):</u> N/A
		<u>Cleanup:</u> N/A
	BH Ongoing Changes (Rules)	<u>Exceptions:</u> N/A
		<u>Exceptions(P3):</u> 6278 Edit for over subgroup FIG
		<u>Cleanup:</u> N/A
	BH Employee Forms	<u>Exceptions:</u> N/A
		<u>Exceptions(P3):</u> N/A
		<u>Cleanup:</u> N/A
	BH Open Enrollment	5511 Incorrect Premium displayed for available
	Quick Add	<u>Exceptions:</u> 6469 No contribution

Module	System Menu Process	Bugs
		<u>Exceptions(P3):</u> 6491 Add > 120 days not pending
		<u>Cleanup:</u> N/A
	PEBB Quotes	<u>Exceptions:</u> N/A
		<u>Exceptions(P3):</u> N/A
		<u>Cleanup:</u> N/A
	PEBB Ongoing Changes (Rules)	<u>Exceptions:</u> 4105 Rate can't be calculated 5898 Combination for Selfpay and COBRA 6455 Re-enroll termed retiree issue 6480 Life coverage edit on terminated supp spouse
		<u>Exceptions(P3):</u> 6385 Spouse gender cannot be the same as the insured 6405 Life Part C without max should be a warning 6539 allowed to add more than 1 spouse
		<u>Cleanup:</u> 6158 Dependent dental error
	PEBB Employer Form	<u>Exceptions:</u> 6185 Unable to make multiple plan changes 6332 Status updates 6381 Previous coverages not showing 6462 Adding a student shouldn't pend the form 6465 Employer pends dep, family comp not recalcd 6477 Added spouse – no recalc of med & dent
		<u>Exceptions(P3):</u> 6358 Not retaining Dep PCP 6360 Language Code not retained 6369 Add deps – Previous page clears out info 6470 Dependent IRS Qualified
		<u>Cleanup:</u> N/A

Module	System Menu Process	Bugs
	PEBB New hire form	<u>Exceptions:</u> 6264 Demographics page 6327 IRS Qualified Updates 6350 Coverage options presented 6380 Medical plan PCP requirements 6383 Dental plan PCP requirements 6434 Waive spouse medical results in incorrect premium. 6440 Error on submit 6548 Requiring PCP on dep who waived coverage
		<u>Exceptions(P3):</u> 6183 Created 2 records in transaction history 6261 Addition of dependents and ongoing changes 6263 Insured Coverage History 6337 Phone unlisted not saved 6351 Demographic editable fields 6379 Do not show SSDP's child state 6437 Use email for correspondence not displaying 6540 Insured Mailing Address Page 6541 Foreign Insured address not retained 6562 Other coverage page presented
		<u>Cleanup:</u> 6549 Not eligible message 6551 Family members message
	PEBB Retiree Form	6277 Various issues 6298 Dental page Appearing 6318 Issues 6322 Term Life Page 6365 Data missing/not retained 6390 Observations 6391 Transactions not pending 6392 Expand # of characters 6412 Spouse Mailing Address 6527 Requiring student cernt form on deps
	PEBB Ongoing Change Form	

Module	System Menu Process	Bugs
	PEBB Open Enrollment	5928 Wrong rates 5873 Dependent coverages not displaying 6065 Postal Soft & Privacy Link 6421 Dep info issues 6451 Dates should prepopulate 6476 Able to double cover spouse 6487 PCP page presented old plan
	Recoupment	5237 Family income incorrect in logfile 5436 Income values not correct 6249 Edit Detail issues 6393 Manage Comments and Transaction History 6459 Error on add 6483 Revised premium not retailed 6485 Recalculate button issues 6566 Page not calculating overpayment
	Waiting List (including CR-113)	<u>Exceptions:</u> N/A
		<u>Exceptions(P3):</u> N/A
		<u>Cleanup:</u> N/A
	Post Payment Batches	<u>Exceptions:</u> 6492 Did not post Pending payments
		<u>Exceptions(P3):</u> N/A
		<u>Cleanup:</u> 6452 Missing dates on report
	Auto-conversion Carriers	<u>Exceptions:</u> N/A
		<u>Exceptions(P3):</u> N/A
		<u>Cleanup:</u> N/A
	Packet Mailing Labels	<u>Exceptions:</u> N/A
		<u>Exceptions(P3):</u> N/A
		<u>Cleanup:</u> N/A
	BH Auto enrollment	<u>Exceptions:</u> 6271 Incorrect effective date

Module	System Menu Process	Bugs
		<u>Exceptions(P3):</u> N/A
		<u>Cleanup:</u> N/A
	BH 3 strike rule	5660 View Account Activity
	BH Address Change Letter Process (CR-032)	6057 Letters not generated
	CR-071 A56 replacement	
	CR-089 834 from DSHS	
	CR-120/CR-135 Add enrollment and history/ Subgroup access to terminated insureds	6382 History not filtered 6387 Quick add not identifying existing insured
	CR-122 PEBB Invoice Process	
	CR-131 Uniform Neighborhood coverage rules	6386 Issues
	CR-134 LTD Optional Rule	
	CR-140 Annual certs	6509 Screen issues 6510 Screen issues 6511 Logfile 6512 Processing 6516 Selection criteria
	CR-144 Billing & Payment Displays	
	CR-145 Last invoice Month	
	CR-148 Accounting Changes	
	CR-150 Employer form gender edit	
	AFRS Interface; Including CR-019A	6367 Map Setup fields
	Central Pay Billing	
	DOR Income	<u>Exceptions:</u> 4828 Should only be for BH
		<u>Exceptions(P3):</u> N/A
		<u>Cleanup:</u> N/A
	DSHS Match	
	EDS PC Direct	<u>Exceptions:</u> N/A
		<u>Exceptions(P3):</u> N/A
		<u>Cleanup:</u> N/A

Module	System Menu Process	Bugs
	Employee Inbound Interface	6241 Tran In/Tran Out not pended 6251 Extra active status added to insured 6355 Input errors 6525 Address, Phone, Birthdate errors
	Central Pay, Higher Ed & DRS Billing	
	Higher Ed & DRS Daily	3867 Output File Errors 6375 Cannot select/produce consolidated
	Higher Ed & DRS Payment	
	Interface with L&I	<u>Exceptions:</u> 6306 Multiple income records per month
		<u>Exceptions(P3):</u> N/A
		<u>Cleanup:</u> N/A
	Lock Box Interface	<u>Exceptions:</u> N/A
		<u>Exceptions(P3):</u> N/A
		<u>Cleanup:</u> N/A
	Moore invoice File	6075 Total amount due and Current Premium incorrect
	Open Enrollment reporting	
	VEBA Payment Process	<u>Exceptions:</u> N/A
		<u>Exceptions(P3):</u> N/A
		<u>Cleanup:</u> N/A

Module	System Menu Process	Bugs
	Data conversion/Setup	3378 BH Payment failures 3379 Insureds don't exist for accounts received 3553 Individual receivable detail 3956 Balance issues 4165 Missing BH Accounts 4347 Application rec'd date missing 5102 DSHS coverage premiums to be loaded 5161 BH records for different statuses 5731 Incarceration flag 5733 Due date changed to blank 5741 Med Supp-UMP combo cov & fam comp 6235 Change COBRA & LWOP contribution codes to handle risk adj 6287 Contributions and distributions – subsidy amounts 6370 Coverage date issues 6371 Coverage date issues 6372 Prem Update page shows terminated coverage 6378 Rejections in Jan 2004 Refresh 6384 Member login error message 6402 Converted insured has no coverages 6404 2 Part B Spouse Supp Life rows 6418 2004 Retiree Subsidy 6420 2004 Retiree UMP Contr Code 6424 Group Health Non-Medicare Retiree rate 6426 Priority Receivable Adjustments missing 6432 Priority Receivable Status field is blank 6436 Past Due Tolerance incorrect 6444 Recoupment data missing 6448 Contributions for RBS 6449 Amounts & details of receivable adjustments incorrect 6474 Missing income for BH 6475 Basic Life & LTD missing 6481 Surv'g Spouse account activity 6507 Retiree UMP

**Appendix C-2: Performance Test Results dated 2/12/04 - the results of the first performance test conducted by Satyam**

Performance Details- Weekly Update												
					Database Server ResUtilisation				Application Server ResUtilisation			
SI .N o	Name of the Suite	No. (or ) of Vusers for each Scenario	No. of Vusers pass	Response time(in Secs)	% Max CPU Utilization	%of Memory Utilization	Pages Input /Sec	Pages Output/Sec	% Max CPU Utilization	%of Memory Utilization	Pages Input /Sec	Pages Output/Sec
Date: 02-11-2004, Ran Test Runs On Builds # 114 &115												
1	InsuredSearch_LastName	25	25	1.02	34	39	540	0	99	9	416	6
2	InsuredSearch_Combined	25	25	2.24	45	39	67	3	99	9	400	0
3	InsuredSearch_SSN#	25	25	4.32	51	38	48	1	99	9	99	6
4	InsuredSearch_UniqueID	25	25	0.22	32	38	104	1	99	9	438	0
5	ManageOpenEnrollment_ADD	25	25	7.96	48	40	1	0	99	10	13	0
6	ManageOpenEnrollment_EDIT	25	25	6.38	33	39	35	3	89	9	290	0
7	ManageOpenEnrollment_View	25	25	7.15	24	38	25	3	74	9	247	0
8	ManageOpenEnrollment_Delete	25	25	10.37	55	39	33	3	99	9	16	0
9	AddEnrollment_ClientAdmin	25	25	<a href="#">Data not linked</a>	63	44	750	0	99	58	9	0
10	OngoingEligibilityChanges_ClientAdmin	25	22	41.31	97	44	134	3	74	12	326	0
11	Review Eligibility_InsuredLinks	10	10	<a href="#">Data not linked</a>	38	40	72	3	58	9	437	0



12	Review Eligibility_DependentLinks	10	10	<a href="#">Data not linked</a>	42	40	33	1	55	9	444	25
13	Review Eligibility_Transaction History Links	10	10	<a href="#">Data not linked</a>	34	40	32	3	57	9	437	13
14	SubGroup Search	25	25	4.58	37	47	25	4	99	16	413	0
15	EmployeeForm_Basic Health Application	25	25	5.27	7	46	25	0	56	15	416	0
16	HCA_EmployerForms	15	15	<a href="#">Data not linked</a>	36	39	32	3	59	11	451	0
17	BatchPayments_BuildBatchPa y	25	25	<a href="#">Data not linked</a>	100	41	411	3	100	10	14	0
18	BatchPayments_PostBatchPa y	15	14	83.5	95	52	1032	0	99	21	1	0
19	BatchPayments_UnPostBatch Pay	15	15	31.65	14	48	1	3	37	8	106	0
20	BatchPayments_ViewBatchPa y	25	25	20.99	31	48	280	0	84	10	269	0
21	BatchPayments_TransferBatc hPay	25	25	2.99	55	48	25	4	99	10	233	0
22	BatchPayments_PendingBatc hPay	25	25	10.7	25	48	292	0	94	9	267	0
23	BatchPayments_CancelBatch Pay	25	25	13.03	35	48	5195	0	92	9	22	0
24	BatchPayments_UnCancelBat chPay	25	25	11.51	100	48	4091	0	99	10	13	0
25	GroupAccount_ProcessBills	25	24	16.57	97	52	5478	0	99	19	2	0
26	GroupAccount_ManagePaym ents_Add	25	25	3.01	100	47	1558	35	99	10	36	3

27	GroupAccount_ManagePayments_AddSpecMnth	25	25	0.54	71	47	385	0	91	9	27	0
28	GroupAccount_ManageReceivables	25	25	<a href="#">Data not linked</a>	100	47	393	0	99	10	18	0
29	GroupAccount_ManageRefunds	25	25	0.76	87	47	198	3	99	9	31	0
30	IndividualAccount_BillInsured_Uniqueid	25	25	<a href="#">Data not linked</a>	73	46	80	3	99	21	5	0
31	ManagePayments_IndiAccount_Add_UniqueID	25	25	0.27	24	48	52	0	37	9	26	0
32	ManagePayments_IndiAcc_AddSpecMth_UniID	25	25	0.97	50	49	118	3	99	9	73	0
33	ManageReceivable_IndAccount_Uniqueid_new	25	25	<a href="#">Data not linked</a>	31	48	24	3	98	9	38	0
34	ManageRefunds_IndividualAccount_Uniqueid	25	25	0.37	29	48	9	3	75	10	37	1
35	ManageRefunds_IndvdualAccount_UId_Select	25	25	0.91	50	48	337	0	99	9	39	0
36	GroupSearch_GroupID	25	25	0.2	44	53	48	0	98	22	17	0
37	GrpAccSearch_AccountIDSearch	25	25	25.92	100	47	6828	0	99	10	4	0
38	GroupAccount_AddGrpAcct	25	25	1.2	24	47	0	3	91	8	82	0
39	Group_AddGroup_AddContact_AddComment	10	3	<a href="#">Data not linked</a>	58	47	52	3	99	10	40	0
40	Group_AddGroup_AddContact_EditContact	5	2	2.34	55	46	176	4	96	16	1	0
41	Group_AddGroup_AddContact_DeleteContact	5	2	5.64	35	46	43	3	98	16	137	19

42	Group_AddGroup_AddComment_EditComment	5	2	1.49	38	46	28	4	93	17	32	3
43	Group_AddGroup_AddComment_DeleteComment	5	4	2.93	35	46	25	3	99	18	1	3

Additional details are available in the complete performance report.

**Appendix C-3: HCA System Test Matrix, dated March 10, 2004 –  
showing areas that had passed system testing as of build 118/119.**

HCA System Testing Progress Report

##	TYPE	Description	Tester	Test Date	PASS	Fail	Comment
45 9	INTERFACES & BATCH JOBS	Interface_MailingLabel_007	RS	1/15/04		F	possible hold per Rusty email 1/15
46 0	INTERFACES & BATCH JOBS	Interface_DOR_009	RS	2/25/04		F	4828, need clarification of HCA use
46 1	INTERFACES & BATCH JOBS	Interface_LockBox_010	RS	11/10/03	P		
46 2	INTERFACES & BATCH JOBS	Interface_EDSPCDirect_012	RS	11/7/03	P		
46 3	INTERFACES & BATCH JOBS	Interface_HigherEducationAndDR S_Payment_013	RS	3/3/04		F	No on Testing Readiness
46 4	INTERFACES & BATCH JOBS	Interface_HigherEducationAndDR S_Billing_014	RS	3/3/04		F	No on Testing Readiness
46 5	INTERFACES & BATCH JOBS	Interface_HigherEducationAndDR S_Daily_015	JS	2/25/04		F	6375
46 6	INTERFACES & BATCH JOBS	Interface_Moore_016	JS	2/25/04		F	6075
46 7	INTERFACES & BATCH JOBS	Batch_DSHS_Match_019	RS	3/3/04		F	No on Testing Readiness
46 8	INTERFACES & BATCH JOBS	Interface_CarrierPayment_022 HIPAA 820	RS	3/3/04		F	No on Testing Readiness
46 9	INTERFACES & BATCH JOBS	Interface_CarrierEligibility_023 HIPAA 834	RS	3/3/04		F	5591, 6463, No on Testing Readiness
47 0	INTERFACES & BATCH JOBS	Interface_VEBA_025	RS	11/10/03	P		
47 1	INTERFACES & BATCH JOBS	Interface_AFRS_026	RS	3/3/04		F	No on Testing Readiness
47 2	INTERFACES & BATCH JOBS	Batch_AutoConversionCarrier_027	RS	2/23/04		F	6452
47 3	INTERFACES & BATCH JOBS	Batch_CentralPay_BillingFile_028	RS	3/3/04		F	No on Testing Readiness
47 4	INTERFACES & BATCH JOBS	Interface_CentralPay_Daily_032 "Employee Interface"	JS	2/25/04		F	6355
47 5	INTERFACES & BATCH JOBS	Skeleton Code for Scheduler	RS	12/30/03	P		
47 6	INTERFACES & BATCH JOBS	Conversion of Rating Engine into PL/SQL stored procedure	RS	12/30/03	P		
47 7	INTERFACES & BATCH JOBS	Setup_MassUpdate_022 Mass Age Change Parameters	RS	3/9/04		F	6473
47	INTERFACES &	Setup_MassUpdate_023 Mass	RS	3/9/04		F	6473

8	BATCH JOBS	Age Change					
47	INTERFACES & BATCH JOBS	Setup_MassUpdate_024 Ad Hoc	RS	3/9/04	F	6473	
9	BATCH JOBS	Mass Age Change					
48	INTERFACES & BATCH JOBS	Setup_MassUpdate_025 (Mass Rate Change Parm/Upd)	RS	3/9/04	F	6389	
48	INTERFACES & BATCH JOBS	Setup_MassTermination_033	RS	3/9/04	F	6542, 6543	
48	INTERFACES & BATCH JOBS	Setup_MassTransfer_034	RS	3/3/04	F	No on Testing Readiness	
48	INTERFACES & BATCH JOBS	Letters_MassIssuance_026	EH	2/20/04	F	6077	
48	INTERFACES & BATCH JOBS	BA_GroupBilling_Receiveables_0 24 (back out monthly close)	RS	2/25/04	F	6479	
48	INTERFACES & BATCH JOBS	BA_Group_IssueBills_016 (BA Job Parms)	RS	12/30/03	P		
48	INTERFACES & BATCH JOBS	BA_Group_IssueBills_017 (Issue grp billing w/parms)	RS	12/30/03	F	Still testing	
48	INTERFACES & BATCH JOBS	BA_Group_IssueBills_018 (Issue grp billing - ad hoc)	RS	2/25/04	F	6479	
48	INTERFACES & BATCH JOBS	BA_Individual_IssueBills_019 (Ad Hoc)	RS	3/8/04	F	5742	
48	INTERFACES & BATCH JOBS	BA_Individual_IssueBills_020 (Mass)	RS	12/30/03	F	5742	
49	INTERFACES & BATCH JOBS	Others_Recertification_008	RS	2/20/04	F	RG146	
49	INTERFACES & BATCH JOBS	Manage Scheduled Jobs	RS	12/30/03	P		
49	INTERFACES & BATCH JOBS	Manage Close Qualifying Events	RS	3/3/04	F	No on Testing Readiness	
49	INTERFACES & BATCH JOBS	Call Tracking Reporting	SL	3/3/04		<i>Replaced with Crystal - will test when ready</i>	
49	INTERFACES & BATCH JOBS	Ad Hoc Call Tracking Reporting	SL	3/3/04		<i>Replaced with Crystal - will test when ready</i>	
49	INTERFACES & BATCH JOBS	Ad Hoc Cobra Reporting	SL	3/3/04		<i>Replaced with Crystal - will test when ready</i>	
49	INTERFACES & BATCH JOBS	Cobra Reporting	SL	3/3/04		<i>Replaced with Crystal - will test when ready</i>	
49	INTERFACES & BATCH JOBS	Ad Hoc Mailing Labels	SL	3/3/04		<i>Replaced with Crystal - will test when ready</i>	
49	INTERFACES & BATCH JOBS	Mailing Labels	SL	3/3/04		<i>Replaced with Crystal - will test when ready</i>	
49	INTERFACES & BATCH JOBS	Preenrollment Reporting	SL	3/3/04		<i>Replaced with Crystal - will test when ready</i>	
50	INTERFACES & BATCH JOBS	Others_WaitingList_011	EH	2/20/04	P		
50	INTERFACES &	Interface Carrier Eligibility (HIPAA)	RS	3/3/04	F	No on Testing Readiness	

1	BATCH JOBS	834)					
50	INTERFACES &	Interface Carrier Payment (HIPAA	RS	3/3/04	F	No on Testing Readiness	
2	BATCH JOBS	820)					
50	INTERFACES &	Interface for Letters Printing	RS	3/3/04	F	No on Testing Readiness	
3	BATCH JOBS						
50	INTERFACES &	Interface L & I	MH	2/13/04	F	6306	
4	BATCH JOBS						
50	INTERFACES &	Batch Letters - DIS Interface	RS	3/3/04	F	No on Testing Readiness	
5	BATCH JOBS						
	INTERFACES &	Post Payment	JS	12/4/03	F	6492	
	BATCH JOBS						
		Total Passing Interface, Batch				8	
		Total Lines Interface, Batch				48	
		Percent Passing, Interface, Batch				16.67%	
33	BILLING &	Manage Group Accounts –Account	CV	6/19/03	P		
	ACCOUNTING -	Search					
	CLIENT						
34	BILLING &	Manage Group Account - Add	CV	6/20/03	P		
	ACCOUNTING -						
	CLIENT						
35	BILLING &	Manage Group Accounts Menu	CV	6/19/03	P		
	ACCOUNTING -						
	CLIENT						
36	BILLING &	Manage Group Accounts	CV	6/19/03	P		
	ACCOUNTING -						
	CLIENT						
37	BILLING &	Manage Group Account - Edit	CV	6/20/03	P		
	ACCOUNTING -						
	CLIENT						
38	BILLING &	Transfer Subgroup	CV	6/23/03	P		
	ACCOUNTING -						
	CLIENT						
39	BILLING &	Manage Group Account - View	CV	6/19/03	P		
	ACCOUNTING -						
	CLIENT						
40	BILLING &	Manage Payments	CV	6/19/03	P		
	ACCOUNTING -						
	CLIENT						
41	BILLING &	Manage Payments – Add	CV	6/19/03	P		
	ACCOUNTING -						
	CLIENT						
42	BILLING &	Manage Payments – Add Spec-	CV	11/7/03	P		
	ACCOUNTING -	Month					
	CLIENT						
43	BILLING &	Manage Payments – Add Spec-	CV	11/7/03	P		

	ACCOUNTING - CLIENT	Month-Select					
44	BILLING & ACCOUNTING - CLIENT	Manage Payments – Apply	CV	11/7/03	P		
45	BILLING & ACCOUNTING - CLIENT	Manage Payments – Apply - Insureds	CV	11/7/03	P		
46	BILLING & ACCOUNTING - CLIENT	Manage Payments – Adjust	CV	6/19/03	P		
47	BILLING & ACCOUNTING - CLIENT	Manage Refunds	CV	6/19/03	P		
48	BILLING & ACCOUNTING - CLIENT	Manage Refunds - Add	CV	6/19/03	P		
49	BILLING & ACCOUNTING - CLIENT	Manage Refunds – Add - Details	CV	6/19/03	P		
50	BILLING & ACCOUNTING - CLIENT	Manage Receivables Menu	CV	6/19/03	P		
51	BILLING & ACCOUNTING - CLIENT	Manage Priority Receivables	CV	2/25/04		F	Bug 6426, 6432, conversion issues only
52	BILLING & ACCOUNTING - CLIENT	Manage Priority Receivables - Add	CV	2/25/04	P		
53	BILLING & ACCOUNTING - CLIENT	Manage Regular Receivables	CV	6/19/03	P		
54	BILLING & ACCOUNTING - CLIENT	Manage Regular Receivables - Adjust	CV	2/20/04		F	Bug 3553
55	BILLING & ACCOUNTING - CLIENT	Manage Regular Receivables – Adjust - Coverage	CV	6/19/03	P		
56	BILLING & ACCOUNTING - CLIENT	Manage Regular Receivables – Adjust - Misc. Charge	CV	6/19/03	P		
57	BILLING & ACCOUNTING - CLIENT	Manage Regular Receivables – Adjust - View Detail	CV	2/25/04		F	Bug 6449
58	BILLING & ACCOUNTING -	Manage Miscellaneous Charges	CV	6/19/03	P		

59	CLIENT BILLING & ACCOUNTING - CLIENT	Manage Billing Messages	CV	12/19/03	P	No report/letter output yet
60	CLIENT BILLING & ACCOUNTING - CLIENT	View Account Activity-I	CV	6/19/03	P	
61	CLIENT BILLING & ACCOUNTING - CLIENT	View Applied Payments	CV	6/19/03	P	Interfaces??? Lockbox, HRISD, Higher-Ed, DSHS
62	CLIENT BILLING & ACCOUNTING - CLIENT	Backout Close	CV	12/29/03	P	No AFRS
63	CLIENT BILLING & ACCOUNTING - CLIENT	Manage Group Account Letters	SL	2/2/04	P	
64	CLIENT BILLING & ACCOUNTING - CLIENT	Manage Group Account Letters – Add	SL	11/25/03	P	
65	CLIENT BILLING & ACCOUNTING - CLIENT	Manage Group Account Letters – Add- Details	SL	11/25/03	P	
66	CLIENT BILLING & ACCOUNTING - CLIENT	Manage Group Account Letters - View	SL	11/25/03	P	
67	CLIENT BILLING & ACCOUNTING - CLIENT	Manage Group Account Document Tracking	CV	11/7/03	P	
68	CLIENT BILLING & ACCOUNTING - CLIENT	Manage Group Account Document Tracking – Add/Edit	CV	11/7/03	P	
69	CLIENT BILLING & ACCOUNTING - CLIENT	Manage Individual Accounts	CV	6/19/03	P	
70	CLIENT BILLING & ACCOUNTING - CLIENT	Manage Batch Payments Menu	CV	6/19/03	P	Interfaces??? Lockbox, HRISD, Higher-Ed, DSHS
71	CLIENT BILLING & ACCOUNTING - CLIENT	Build Payment Batches	CV	6/19/03	P	
72	CLIENT BILLING & ACCOUNTING - CLIENT	Build Payment Batches – Add/Edit	CV	2/20/03	P	
73	CLIENT BILLING & ACCOUNTING - CLIENT	Build Transfer Batches	CV	2/24/04	P	



74	BILLING & ACCOUNTING - CLIENT	Build Transfer Batches – Add/Edit	CV	2/24/04	P		
75	BILLING & ACCOUNTING - CLIENT	Cancel Batches	CV	2/21/04		F	bug 6453
76	BILLING & ACCOUNTING - CLIENT	Cancel Batches - Select	CV	2/21/04	P		
77	BILLING & ACCOUNTING - CLIENT	Un-Cancel Batches	CV	2/21/04	P		
78	BILLING & ACCOUNTING - CLIENT	Un-Cancel Batches - Select	CV	2/21/04	P		
79	BILLING & ACCOUNTING - CLIENT	Post Batches	JS	3/9/04		F	No AFRS, No reports, 6492
80	BILLING & ACCOUNTING - CLIENT	Schedule Process	RS	11/21/03	P		
81	BILLING & ACCOUNTING - CLIENT	Un-Post Batches	CV	2/24/04		F	6453
82	BILLING & ACCOUNTING - CLIENT	Un-Post Batches - Select	CV	2/21/04	P		No AFRS, No reports
83	BILLING & ACCOUNTING - CLIENT	View Batches	CV	2/21/04	P		
84	BILLING & ACCOUNTING - CLIENT	View Batches - Detail	CV	2/21/04	P		
85	BILLING & ACCOUNTING - CLIENT	Manage Pending Payments	CV	2/21/04	P		
86	BILLING & ACCOUNTING - CLIENT	Manage Pending Payments - Edit	CV	2/21/04	P		
87	BILLING & ACCOUNTING - CLIENT	Release Refunds	CV	2/21/04	P		No AFRS, No reports
88	BILLING & ACCOUNTING - CLIENT	Calculate Payables	CV	1/30/04	P		Converted Data issues, needs mass rate change & interfaces for pass-thru data
89	BILLING &	Reactivation Process		11/21/03	P		

ACCOUNTING - CLIENT						
90	BILLING & ACCOUNTING - CLIENT	Release/Review Payables - I	CV	12/31/03	P	
91	BILLING & ACCOUNTING - CLIENT	Release/Review Payables - Release	CV	1/30/04	P	Need 820 and AFRS to complete
92	BILLING & ACCOUNTING - CLIENT	Release/Review Payables - Adjust	CV	1/30/04	P	Need 820 and AFRS to complete
93	BILLING & ACCOUNTING - CLIENT	Release/Review Payables – Adjust Payables	CV	1/30/04	P	Need 820 and AFRS to complete
94	BILLING & ACCOUNTING - CLIENT	Release/Review Payables – View Detail	CV	12/19/03	P	
Total Passing Billing & Accounting					56	
Total Lines, Billing & Accounting					62	
Percent Passing, Billing & Accounting					90.32%	
95	CLIENT MASS PROCESSES	Create List of Insured/Dependent Ids	SL	11/4/03	P	
96	CLIENT MASS PROCESSES	Create List of Insured/Dependent Ids - Advanced Criteria	SL	11/7/03		F Screen functional - no on the testing readiness
97	CLIENT MASS PROCESSES	Mass Coverage/Rate Updates Menu	CV	2/21/04	P	
98	CLIENT MASS PROCESSES	Mass Age Processing Menu	LB	11/10/03	P	
99	CLIENT MASS PROCESSES	Mass Age Job Parameters	LB	1/26/04		F 6043
100	CLIENT MASS PROCESSES	Mass Age Job Parameters – Add/Edit	LB	1/26/04		F 6043
101	CLIENT MASS PROCESSES	Schedule Process	RS	11/21/03	P	No longer a menu item - not valid
102	CLIENT MASS PROCESSES	Process Mass Age Change	LB	11/10/03		F 6043
103	CLIENT MASS PROCESSES	Mass Rate Changes	CV	3/3/04		F No on Testing Readiness
109	CLIENT MASS PROCESSES	Mass Email Address Updates	SL	11/7/03		Future release
110	CLIENT MASS PROCESSES	Mass Termination of Insureds/Dependents	SL	3/3/04		F 6400, 6542, 6543, CR126
111	CLIENT MASS PROCESSES	Mass Insured Transfer	SL	1/30/04		F 6180, 6522, cr126

11	CLIENT MASS	Create Waiting List Batch	EH	2/21/04	P		
2	PROCESSES						
11	CLIENT MASS	Waiting List Batch Page	EH	2/21/04	P		
3	PROCESSES						
11	CLIENT MASS	Edit Waiting List Batch.	EH	2/21/04	P		
4	PROCESSES						
11	CLIENT MASS	Mass Billing/Accounting	CV	2/21/04	P		
5	PROCESSES	Processing Menu					
11	CLIENT MASS	Mass Bill Parameters	CV	8/27/04	P		Parameters is part of scheduling
6	PROCESSES						
11	CLIENT MASS	Mass Bill Parameters – Add/Edit	CV	8/27/03	P		Parameters is part of scheduling
7	PROCESSES						
11	CLIENT MASS	Process Bills	CV	2/21/04	P		Is group billing, no paper output yet, no AFRS
8	PROCESSES						
11	CLIENT MASS	Mass Bill Summary Parameters	CV				POST PROD
9	PROCESSES						
12	CLIENT MASS	Mass Bill Summary Parameters –	CV				POST PROD
0	PROCESSES	Add/Edit					
12	CLIENT MASS	Process Bill Summary	CV				POST PROD
1	PROCESSES						
12	CLIENT MASS	Mass Individual Billing	CV	2/21/04		F	Bug 5739 detect changes adjusts in error. Is only daily invoicing process, No AFRS, Date calculation RG145
2	PROCESSES						
12	CLIENT MASS	Mass Apply Miscellaneous	CV	6/19/03	P		No AFRS
3	PROCESSES	Charges					
12	CLIENT MASS	Mass Apply Billing Messages	CV	6/19/03	P		No printed output, Moore
4	PROCESSES						
12	CLIENT MASS	Mass Statistical Close Parameters	CV	6/19/03	P		
5	PROCESSES						
12	CLIENT MASS	Mass Statistical Close Parameters	CV	6/19/03	P		
6	PROCESSES	- Add/Edit					
12	CLIENT MASS	Process Mass Statistical Close	CV	6/19/03	P		
7	PROCESSES						
12	CLIENT MASS	Backout Monthly Close	JS	2/20/04		F	6479
8	PROCESSES						
12	CLIENT MASS	Mass Arrears Processing	CV	2/21/04	P		Due Date issue RG145
9	PROCESSES						
13	CLIENT MASS	Create Mass Cancellation Batches	CV	2/21/04	P		Due Date issue RG145
0	PROCESSES						
13	CLIENT MASS	Manage Mass Cancellation	CV	2/21/04	P		No letters or reports
1	PROCESSES	Batches					
13	CLIENT MASS	Manage Mass Cancellation	CV	2/20/04	P		
2	PROCESSES	Batches - Edit					
13	CLIENT MASS	Mass Reactivate Insureds	CV	2/24/04		F	Process not developed for individual billed population
3	PROCESSES						
13	CLIENT MASS	Mass Letter Issuance	EH	2/21/04		F	6077, 6211

4	PROCESSES						
13	CLIENT MASS	Certification Process	LB	3/3/04		F	No on Testing Readiness
5	PROCESSES						
13	CLIENT MASS	Mass Close Qualifying Events	SL	3/3/04			No on Testing Readiness
6	PROCESSES						
13	CLIENT MASS	Manage scheduled jobs	SL	3/3/04			No on Testing Readiness
7	PROCESSES						
		Total Passed, Mass Processes				20	
		Total Lines, Mass Processes				38	
		Percent Passed, Mass Processes				52.63%	
12	COMMON MODULE	Unique ID	LB	3/3/04		F	CR110
14	SHARED MODULE	Concurrency Control	MT	2/25/04		F	6498
17	CARRIER	Manage User Accounts & Functions	LB	7/1/03	P		
18	CARRIER	View Documents, Links and Announcements	SL	2/21/04		F	1526, 3909
20	CARRIER	View Eligibility	LB	11/19/03	P		
22	CARRIER	View My Reports	LB	2/21/04		F	changed to RED
22	CLIENT	Manage Individual Account	CV	2/21/04	P		
0							
22	CLIENT	Manage Payment Information	CV	12/31/03	P		Will not be used by HCA
1							
22	CLIENT	Manage Payments	CV	2/21/04	P		
2							
22	CLIENT	Manage Receivables	CV	2/21/04	P		
3							
22	CLIENT	Manage Refunds	CV	2/21/04	P		
4							
22	CLIENT	View Account Activity	CV	2/21/04	P		
5							
22	CLIENT	View Applied Payments	CV	6/19/03	P		
6							
22	CLIENT	View Billing & Payment Activity	CV	2/21/04		F	CR for sort, BUG 6454 pymt adjs not shown
7							
22	CLIENT	COBRA Application Processing	LB	2/20/04		F	5898, 5928, 6235, 6373
8							
22	CLIENT	Manage COBRA Qualifying Events	LB	1/23/04			still testing
9							
23	CLIENT	Add Enrollment	LB	3/3/04		F	5616, 5898, 5786, CR120
0							
23	CLIENT	Manage Application Processing	EH	3/3/04		F	5616, 5898, 5786, CR120, CR135
2							
23	CLIENT	Manage Basic Health Quotes	EH	2/20/04		F	4681
3							

23 4	CLIENT	Manage Document Tracking	LB	11/21/03	P		Imaging process needs to give us data to review
23 6	CLIENT	Manage Letters	SL	2/13/04		F	RG145, 6233
23 7	CLIENT	Manage PEBB Quotes	PP	12/29/03	P		
23 8	CLIENT	Manage Pending Transactions	LB	3/3/04		F	No on Testing Readiness
23 9	CLIENT	Ongoing Eligibility Changes	PP	2/20/04		F	5138, 5616, 5898, 6158, 6480
24 0	CLIENT	Open Enrollment	LB	1/21/04	P		
24 1	CLIENT	PEBB Form	SL	12/9/03	P		not a valid menu item - removed
24 2	CLIENT	Recoupment	EH	3/3/04		F	No on Testing Readiness
24 3	CLIENT	Review Eligibility	EH	2/21/04		F	6190, 6337, 6437, 6462, 6464, 6465
24 4	CLIENT	Terminate Insured/Dependents	SL	3/4/04		F	6569
24 5	CLIENT	Transfer Insured Across Groups	LB	12/12/03	P		
24 6	CLIENT	Transfer Insured within Groups	LB	2/24/04	P		
24 7	CSR	Group Accounts Search	CV	6/19/03	P		
24 8	CSR	Group Accounts-Account Search Result	CV	6/19/03	P		
24 9	CSR	Manage Individual Accounts – Account Search	CV	2/21/04	P		
25 0	CSR	Manage Individual Accounts-Account Search Result	CV	2/21/04	P		
25 1	CSR	Manage Individual Accounts – Add Enrollment	LB	3/3/04		F	5616, 5898, 5786, CR120
25 2	CSR	Insured Dependent Menu	LB	11/7/03	P		
25 3	CSR	Carrier Menu	LB	11/20/03	P		
25 4	CSR	Employer Menu	LB	2/21/04	P		
25 5	CSR	Assume Role of Another User	LB	3/3/04		F	No on Testing Readiness
25 7	CSR	Manage Individual Account	CV	2/21/04	P		
25 8	CSR	View Account Activity	CV	6/19/03	P		

25 9	CSR	View Applied Payments	CV	11/7/03	P		
26 0	CSR	View Billing & Payment Activity	CV	2/21/04		F	CR for sort, BUG 6454 pymt adjs not shown
26 1	CSR	COBRA Application Processing	LB	2/20/04		F	5898, 5928, 6235
26 2	CSR	Manage COBRA Qualifying Events	LB	2/20/04		F	5898, 5928, 6235
26 3	CSR	Add Enrollment	LB	3/3/04		F	5616, 5898, 5786, CR120
26 5	CSR	Manage Application Processing	EH	2/20/04		F	5616, 5898, 5786
26 6	CSR	Manage Basic Health Quotes	EH	2/20/04		F	4681
26 7	CSR	Manage Document Tracking	LB	11/21/03	P		Imaging process needs to give us data to review
26 9	CSR	Manage Calls	LB	3/3/04			No on Testing Readiness
27 0	CSR	Manage Letters	SL	11/25/03		F	6233, RG145
27 1	CSR	Manage PEBB Quotes	PP	12/29/03	P		
27 2	CSR	Manage Pending Transactions	LB	3/3/04		F	No on Testing Readiness
27 3	CSR	Ongoing Eligibility Changes	PP	2/20/04		F	5138, 5616, 5898, 6158, 6480
27 4	CSR	Open Enrollment	LB	2/13/04		F	still testing, 6451
27 5	CSR	PEBB Form	SL	12/12/03	P		not a valid menu item - removed
27 6	CSR	Recoupment	EH	3/3/04		F	No on Testing Readiness
27 7	CSR	Review Eligibility	LB	2/21/04		F	6190, 6337, 6437, 6462, 6464, 6465
27 8	CSR	Terminate Insured/Dependents	SL	3/4/04		F	6569
27 9	CSR	Transfer Insured Across Groups	LB	3/3/04		F	CR120
28 0	CSR	Transfer Insured within Groups	LB	3/3/04		F	CR120
28 2	CSR	View Documents, Links and Announcements	SL	2/20/04		F	1526, 3909
28 3	CSR	View My Reports	LB	3/3/04		F	No on Testing Readiness
28 4	EMPLOYER	Insured/Dependent Menu	LB	7/1/03	P		

28 5	EMPLOYER	View Billing & Payment Activity	CV	2/21/04		F	<b>CR for sort, BUG 6454 pymt adjs not shown</b>
28 6	EMPLOYER	Manage My Web Account	PP	9/19/03	P		
28 7	EMPLOYER	View Documents, Links and Announcements	LB	12/12/03		F	1526, Fortress problem, 3909
28 8	EMPLOYER	View My Correspondence	LB	3/3/04			No on Testing Readiness
28 9	EMPLOYER	View my Reports	LB	2/21/04		F	changed to RED
29 1	EMPLOYER	View Billing – Details	CV	2/21/04	P		Only works on created data, not converted data
29 3	EMPLOYER	Add Enrollment	LB	3/3/04		F	5616, 5898, 5786, CR120
29 9	EMPLOYER	Manage Letters	SL	11/25/03		F	6233, RG145
30 0	EMPLOYER	Manage PEBB Quotes	PP	2/6/04	P		
30 1	EMPLOYER	Manage Pending Eligibility Transactions (Ongoing changes)	LB	3/3/04		F	No on Testing Readiness
30 2	EMPLOYER	Ongoing Eligibility Changes	PP	2/20/04		F	5138, 5616, 5898, 6158, 6477, 6480
30 3	EMPLOYER	Open Enrollment	LB	2/21/04		F	6451
30 6	EMPLOYER	Review Eligibility	LB	2/21/04		F	6190, 6337, 6437, 6462, 6464, 6465
30 7	EMPLOYER	Terminate Insured/Dependents	SL	3/4/04		F	6569
30 8	EMPLOYER	Transfer Insured Across Groups	LB	3/3/04		F	CR120
30 9	EMPLOYER	Transfer Insured within Groups	LB	3/3/04		F	CR120
31 0	EMPLOYER	Manage Pending Eligibility Trans – New Hire Enrollment	LB	3/3/04		F	No on Testing Readiness
31 1	EMPLOYER	New Hire Enrollment – Review	SL	2/21/04		F	6470, 6471
31 2	EMPLOYER	Eligibility Changes – Review	LB	2/20/04		F	6190, 6337, 6437, 6462, 6464, 6465
31 3	EMPLOYER	Account Search	LB	7/15/03	P		
31 4	EMPLOYER	Search Results	LB	7/15/03	P		
31 5	EMPLOYER	Quick Add	PP	3/3/04		F	6469, CR120
31 7	EMPLOYER	Manage My Account	LB	11/7/03	P		

31 9	EMPLOYER	Available Coverages	LB	7/15/03	P		
32 0	EMPLOYER	Insured Demographic Information	LB	7/15/03	P		
32 1	EMPLOYER	Insured Employment Information	LB	7/15/03	P		
32 2	EMPLOYER	Insured Comments	PP	12/30/03		F	5616
32 3	EMPLOYER	Insured Supplemental Information	LB	7/15/03	P		
32 4	EMPLOYER	Add Dependent	PP	1/30/04	P		
32 5	EMPLOYER	Dependent Comments	PP	12/30/03		F	5786, 5616
32 6	EMPLOYER	Dependent Supplemental Information	LB	7/15/03	P		
32 7	EMPLOYER	Selected Benefit Plans/Coverages	LB	7/15/03	P		
32 8	EMPLOYER	Edit Dependent Benefit Packages	LB	10/2/03	P		
32 9	EMPLOYER	Other Coverage Information	LB	11/7/03	P		
33 0	EMPLOYER	Insured/Dependent(s) Coverage Premium Updates	CV	6/23/03	P		I can't find this menu item now???
33 1	EMPLOYER	Eligibility Change Completion	SL	12/3/03	P		
33 3	EMPLOYER	Coverage Updates	LB	10/2/03	P		
33 4	EMPLOYER	Edit Dependent Benefit Plans/Coverages	LB	10/2/03	P		
33 5	EMPLOYER	Edit PCP Information	PP	9/29/03	P		
34 7	EMPLOYER	Selected Benefit Packages	LB	7/15/03	P		
34 8	EMPLOYER	Billing Legend & Confirmation	SL	12/26/03	P		
35 0	EMPLOYER	Subscriber Information	PP	7/18/03	P		
35 1	EMPLOYER	Spouse/Same-Sex Domestic Partner	SL	9/24/03	P		
35 2	EMPLOYER	Medical Plan Selection	LB	10/2/03	P		
35 4	EMPLOYER	Manage Dependents	SL	12/3/03	P		
35 5	EMPLOYER	Dependent Demographic Information	LB	7/18/03	P		



35 6	EMPLOYER	Terminate Insured/Dependent	SL	3/4/04		F	6569
35 7	EMPLOYER	Add COBRA Qualifying Event	LB	1/23/04		F	5898, 5928, 6235, 6373
35 9	EMPLOYER	Issue COBRA Qualifying Event Letters	LB	1/23/04			testing
36 1	EMPLOYER	Transfer Insured	LB	3/3/04		F	CR120
36 2	EMPLOYER	Benefit Plans/Coverages	LB	10/2/03	P		
36 6	EMPLOYER	Manage Pending Eligibility Transactions	PP	11/3/04	P		Duplicate
36 7	EMPLOYER	Insured Personal/ Supplemental Information	PP	7/18/03	P		
36 8	EMPLOYER	View Insured Status History	LB	9/19/03	P		
36 9	EMPLOYER	Insured Certification History	PP	7/18/03	P		
37 0	EMPLOYER	Insured Contact/Address Information	PP	7/18/03	P		
37 1	EMPLOYER	Insured Coverages	LB	10/2/03	P		
37 2	EMPLOYER	View Insured Coverage History	LB	1/23/04	P		
37 3	EMPLOYER	View Insured PCP History	PP	11/4/03	P		
37 4	EMPLOYER	View Insured Premium History	LB	9/19/03	P		
37 5	EMPLOYER	View Insured Subgroup History	LB	9/19/03	P		
37 6	EMPLOYER	View Insured Information History	LB	2/20/04		F	4925, 5898, 6186
37 7	EMPLOYER	View Dependent Information	LB	7/18/03	P		
37 8	EMPLOYER	View Transaction History	PP	2/21/04		F	6190, 5786, 5898
37 9	EMPLOYER	View Dependent Personal/Supplemental Information	LB	7/18/03	P		
38 0	EMPLOYER	View Dependent Status History	LB	9/19/03	P		
38 1	EMPLOYER	View Dependent Certification History	EH	2/6/04		F	6269
38 2	EMPLOYER	View Dependent Contact/Address Information	LB	7/18/03	P		
38	EMPLOYER	View Dependent Comments	LB	7/18/03	P		

3							
38	EMPLOYER	View Dependent HIPAA Information	LB	11/4/03	P		
4							
38	EMPLOYER	View Dependent Coverages	LB	9/19/03	P		
5							
38	EMPLOYER	View Dependent Coverage History	LB	11/4/03	P		
7							
38	EMPLOYER	View Dependent PCP History	PP	11/4/03	P		
8							
39	EMPLOYER	View Dependent Information History	PP	2/21/04		F	
0							
50	PEBB TESTING SCENARIOS	Add Dependent Student	LB	9/19/03		F	waiting for pending functionality to finish testing
6							
50	PEBB TESTING SCENARIOS	Add Disabled Dependent	PP	2/20/04		F	needs more testing when we get pending functionality
7							
50	PEBB TESTING SCENARIOS	Add Extended Dependent	PP	1/2/00	P		needs more testing when we get pending functionality
8							
50	PEBB TESTING SCENARIOS	Add New Insured	LB	11/4/03	P		
9							
51	PEBB TESTING SCENARIOS	Add Coverages	LB	10/2/03	P		
0							
51	PEBB TESTING SCENARIOS	Add Newborn < 16th day current month	LB	1/8/04	P		
1							
51	PEBB TESTING SCENARIOS	Add Newborn > 15th day current month	LB	12/19/03	P		
2							
51	PEBB TESTING SCENARIOS	Add Spouse	SL	1/30/04	P		
3							
51	PEBB TESTING SCENARIOS	Add Optional Coverages (life & ltd)	SL	2/6/04	P		
4							
51	PEBB TESTING SCENARIOS	Add Medicare	LB	9/19/03	P		
5							
51	PEBB TESTING SCENARIOS	Add a New Sub Group	LB	11/4/03	P		
6							
51	PEBB TESTING SCENARIOS	Add via Quick Add	PP	3/3/04		F	6469, CR120
7							
51	PEBB TESTING SCENARIOS	Add via Employer Form	LB	3/3/04		F	CR120
8							
51	PEBB TESTING SCENARIOS	Add via Employee Form (Insured member login)	PP	2/13/04		F	waiting for pending functionality to finish testing, 6327, 6337
9							
52	PEBB TESTING SCENARIOS	Add a Surviving Spouse of Deceased Retiree	PP	3/8/04		F	SP520
0							
52	PEBB TESTING SCENARIOS	Change SubGroup Address	LB	11/4/03	P		
1							
52	PEBB TESTING SCENARIOS	Change Billing Address	LB	11/4/03	P		
2							
52	PEBB TESTING	Change Certification for student	EH	3/2/04		F	6527

3	SCENARIOS	verification					
52	PEBB TESTING	Change Coverage (Health/Dental)	PP	3/2/04		F	4105, 6158
4	SCENARIOS						
52	PEBB TESTING	Change Insured Birthdate	LB	11/6/03	P		
5	SCENARIOS	w/Optional Life					
52	PEBB TESTING	Change LTD Coverage	SL	2/6/04	P		
6	SCENARIOS						
52	PEBB TESTING	Change Life Coverages	SL	2/21/04		F	6480
7	SCENARIOS						
52	PEBB TESTING	Change Home Address - outside	LB	11/7/03	P		
8	SCENARIOS	current plan service area					
52	PEBB TESTING	Change Home Address - within	LB	11/7/03	P		
9	SCENARIOS	same service area					
53	PEBB TESTING	Change Salary - Part C Max	LB	9/17/03	P		
0	SCENARIOS	Life/Optional LTD changes					
53	PEBB TESTING	Change Smoker Status	LB	12/16/03	P		
1	SCENARIOS						
53	PEBB TESTING	Link Insured	PP	11/20/03	P		
2	SCENARIOS						
53	PEBB TESTING	Re-enroll Declined Insured	PP	3/2/04		F	6158
3	SCENARIOS						
53	PEBB TESTING	Re-enroll Spouse or Dep	SL	2/20/04		F	5138
4	SCENARIOS						
53	PEBB TESTING	Re-enroll Terminated Employee	SL	3/3/04		F	CR120, 6455
5	SCENARIOS						
53	PEBB TESTING	Term Dependent- Death in Family	SL	3/4/04		F	6569
6	SCENARIOS						
53	PEBB TESTING	Term Dependent - Divorce	SL	3/4/04		F	6569
7	SCENARIOS						
53	PEBB TESTING	Term Insured	SL	12/9/03	P		
8	SCENARIOS						
53	PEBB TESTING	Transfer	LB	2/20/04		F	CR 120
9	SCENARIOS						
54	PEBB TESTING	Waive - EE Decline Coverage	PP	11/7/03	P		
0	SCENARIOS						
54	PEBB TESTING	Waive Life/LTD - Disability Waiver	PP	11/7/03	P		
1	SCENARIOS	of Premium					
54	BH TESTING	Add new insured	EH	12/19/03		F	5616
2	SCENARIOS						
54	BH TESTING	Add new ineligible insured	EH	11/19/03		F	CR105
3	SCENARIOS						
54	BH TESTING	Unverify new insured	EH	2/5/04		F	RG146
4	SCENARIOS						
54	BH TESTING	Income change; no change in	EH	12/24/03	P		
5	SCENARIOS	premium					
54	BH TESTING	Income change; premium changes	EH	2/13/04		F	6488

6	SCENARIOS						
54	BH TESTING	Income average	EH	11/6/03	P		
7	SCENARIOS						
54	BH TESTING	Home address change; within	EH	2/21/04		F	6464
8	SCENARIOS	same service area					
54	BH TESTING	Home address change; outside	EH	2/21/04		F	6464
9	SCENARIOS	current plan service area					
55	BH TESTING	Mailing address change	EH	2/21/04	P		
0	SCENARIOS						
55	BH TESTING	Billing address change	EH	2/21/04	P		
1	SCENARIOS						
55	BH TESTING	Coverage change; plan	EH	2/23/04		F	6448, 6488
2	SCENARIOS						
55	BH TESTING	Addition of family	EH	2/23/04		F	6488
3	SCENARIOS	member/newborn/adoption for					
		family size					
55	BH TESTING	Addition of family	EH	2/23/04		F	6488
4	SCENARIOS	member/newborn/adoption for					
		coverage					
55	BH TESTING	Certification for	EH	12/19/03	P		
5	SCENARIOS	marriage/income/divorce					
55	BH TESTING	Certification for student	EH	12/19/03	P		
6	SCENARIOS	verification					
55	BH TESTING	Certification for ssdb/medicare	EH	12/19/03	P		
7	SCENARIOS	eligibility					
55	BH TESTING	Marriage; combining two accounts	EH	2/23/04		F	6488
8	SCENARIOS						
55	BH TESTING	Insured voluntarily disenrolled	EH	12/19/03	P		
9	SCENARIOS						
56	BH TESTING	Divorce	SL	3/4/04		F	6569
0	SCENARIOS						
56	BH TESTING	Death in family	SL	3/4/04		F	6569
1	SCENARIOS						
56		Reporting	SL	3/3/04		F	No on Testing Readiness
2							
	BH TESTING	Terminate Insured/Dep	SL	3/4/04		F	6569
	SCENARIOS						
	Insured Login	PEBB New Hire Enrollment	PP	2/21/04		F	6327, 6337, 6350, 6379, 6380, 6383, 6434, 6437, 6440
	Insured Login	PEBB Enrollment/Change Form	SL	3/3/04		F	No on Testing Readiness
	Insured Login	PEBB Retiree Enrollment	SL	3/3/04		F	No on Testing Readiness
	Insured Login	PEBB Open Enrollment	LB	3/3/04		F	still testing, 6451
	Insured Login	Review Eligibility	LB	2/21/04		F	6190, 6337, 6437, 6462, 6464, 6465
	Insured Login	View Account Activity	LB	2/22/04	P		
	Insured Login	View Applied Payments	LB	2/22/04	P		

	Insured Login	View Billing & Payment Activity	LB	2/22/04	P	
	Insured Login	Request Basic Health Application	SL	2/18/04	P	
	Insured Login	Request Basic Health Information	SL	2/13/04	P	
	Insured Login	Basic Health Open Enrollment	LB	3/3/04		No on Testing Readiness
	Insured Login	View Current Basic Health Coverages			P	
	Insured Login	View My Correspondence				No on Testing Readiness
		Total Passing, Online			111	
		Total Lines, Online			210	
		Percent Passing, Online			<b>52.86%</b>	
39	SECURITY - SHARED	Authenticate User (validate logon	MT	2/6/04		F
1	MODULE	ID/password)				
39	SECURITY - SHARED	Member Logon Procedure	MT	3/2/04		F
3	MODULE					
39	SECURITY - SHARED	Manage Default User Type	MT	2/25/04		F
5	MODULE	Functions - Insured				
39	SECURITY - SHARED	Manage Default User Type	MT	2/13/04	P	
6	MODULE	Functions - Carrier				
39	SECURITY - SHARED	Manage Default User Type	MT	2/13/04	P	
7	MODULE	Functions - Client Admin				
39	SECURITY - SHARED	Manage Default User Type	MT	2/13/04	P	
8	MODULE	Functions - Employer				
39	SECURITY - SHARED	Manage Default User Type	MT	2/13/04	P	
9	MODULE	Functions - CSR				
40	SECURITY - SHARED	Manage User Accounts and	MT	9/24/03	P	
0	MODULE	Functions - Carrier - Cancel				
40	SECURITY - SHARED	Manage User Accounts and	MT	2/22/04		F
3	MODULE	Functions - Carrier - Add				
40	SECURITY - SHARED	Manage User Accounts and	MT	12/10/03	P	
4	MODULE	Functions - Carrier - Edit				
40	SECURITY - SHARED	Manage User Accounts and	MT	1/1/04	P	
5	MODULE	Functions - Carrier -Setup/Change Password				
40	SECURITY - SHARED	Manage User Accounts and	MT	9/24/03	P	
6	MODULE	Functions - Carrier - Enable/Disable account				
40	SECURITY - SHARED	Manage User Accounts and	MT	9/24/03	P	
7	MODULE	Functions - Carrier - Enable/Disable Force Password Change				
40	SECURITY - SHARED	Manage User Accounts and	MT	9/24/03	P	
8	MODULE	Functions - Carrier - Setup/change name				

40	SECURITY - SHARED	Manage User Accounts and	MT	9/24/03	P		
9	MODULE	Functions - Carrier - Setup/change e-mail address					
41	SECURITY - SHARED	Manage User Accounts and	MT	9/24/03	P		
0	MODULE	Functions - Carrier - Attach carriers					
41	SECURITY - SHARED	Manage User Accounts and	MT	9/24/03		F	Bug 985 (later)
1	MODULE	Functions - Carrier - Copy setup from another user					
41	SECURITY - SHARED	Manage User Accounts and	MT	1/30/04	P		
2	MODULE	Functions - Carrier - View, Add, Delete, Update, Enable/Disable each option					
41	SECURITY - SHARED	Manage User Accounts and	MT	1/12/04	P		
3	MODULE	Functions - Carrier - Delete					
41	SECURITY - SHARED	Manage User Accounts and	MT	1/1/04	P		
6	MODULE	Functions - CA - Cancel					
41	SECURITY - SHARED	Manage User Accounts and	MT	2/27/04		F	6468, 6538
7	MODULE	Functions - CA - Add					
41	SECURITY - SHARED	Manage User Accounts and	MT	2/27/04		F	6538
8	MODULE	Functions - CA - Delete					
41	SECURITY - SHARED	Manage User Accounts and	MT	1/1/04	P		
9	MODULE	Functions - CA - Setup/Change Password					
42	SECURITY - SHARED	Manage User Accounts and	MT	9/24/03	P		
0	MODULE	Functions - CA - Enable/Disable account					
42	SECURITY - SHARED	Manage User Accounts and	MT	9/24/03	P		
1	MODULE	Functions - CA - Enable/Disable Force Password Change					
42	SECURITY - SHARED	Manage User Accounts and	MT	9/24/03	P		
2	MODULE	Functions - CA - Setup/change name					
42	SECURITY - SHARED	Manage User Accounts and	MT	9/24/03	P		
3	MODULE	Functions - CA - Setup/change e-mail address					
42	SECURITY - SHARED	Manage User Accounts and	MT	2/27/04		F	6537
4	MODULE	Functions - CA - Attach carriers					
42	SECURITY - SHARED	Manage User Accounts and	MT	11/10/03		F	Bug 985 (later)
5	MODULE	Functions - CA - Copy setup from another user					
42	SECURITY - SHARED	Manage User Accounts and	MT	1/30/04	P		
6	MODULE	Functions - CA - View, Add, Delete, Update, Enable/Disable each option					
42	SECURITY - SHARED	Manage User Accounts and	MT	9/24/03	P		

7	MODULE	Functions - CA - Delete					
43	SECURITY - SHARED	Manage User Accounts and	MT	9/24/03	P		
0	MODULE	Functions - Employer - Cancel					
43	SECURITY - SHARED	Manage User Accounts and	MT	2/22/04		F	6468
1	MODULE	Functions - Employer - Add					
43	SECURITY - SHARED	Manage User Accounts and	MT	9/24/03	P		
2	MODULE	Functions - Employer - Delete					
43	SECURITY - SHARED	Manage User Accounts and	MT	1/1/04	P		
3	MODULE	Functions - Employer - Setup/Change Password					
43	SECURITY - SHARED	Manage User Accounts and	MT	9/24/03	P		
4	MODULE	Functions - Employer - Enable/Disable account					
43	SECURITY - SHARED	Manage User Accounts and	MT	9/24/03	P		
5	MODULE	Functions - Employer - Enable/Disable Force Password Change					
43	SECURITY - SHARED	Manage User Accounts and	MT	9/24/03	P		
6	MODULE	Functions - Employer - Setup/change name					
43	SECURITY - SHARED	Manage User Accounts and	MT	9/24/03	P		
7	MODULE	Functions - Employer - Setup/change e-mail address					
43	SECURITY - SHARED	Manage User Accounts and	MT	2/26/04		F	6530
8	MODULE	Functions - Employer - Attach carriers					
43	SECURITY - SHARED	Manage User Accounts and	MT	9/24/03		F	Bug 985 (later)
9	MODULE	Functions - Employer - Copy setup from another user					
44	SECURITY - SHARED	Manage User Accounts and	MT	2/13/04		F	6285, 6158, 6456
0	MODULE	Functions - Employer - View, Add, Delete, Update, Enable/Disable each option					
44	SECURITY - SHARED	Manage User Accounts and	MT	9/24/03	P		
1	MODULE	Functions - Employer - Delete					
44	SECURITY - SHARED	Manage User Accounts and	MT	9/24/03	P		
4	MODULE	Functions - CSR - Cancel					
44	SECURITY - SHARED	Manage User Accounts and	MT	2/21/04		F	6461
5	MODULE	Functions - CSR - Add					
44	SECURITY - SHARED	Manage User Accounts and	MT	9/24/03	P		
6	MODULE	Functions - CSR - Delete					
44	SECURITY - SHARED	Manage User Accounts and	MT	1/1/04	P		
7	MODULE	Functions - CSR - Setup/Change Password					
44	SECURITY - SHARED	Manage User Accounts and	MT	9/24/03	P		
8	MODULE	Functions - CSR - Enable/Disable					

		account					
44	SECURITY - SHARED	Manage User Accounts and	MT	9/24/03	P		
9	MODULE	Functions - CSR - Enable/Disable					
		Force Password Change					
45	SECURITY - SHARED	Manage User Accounts and	MT	9/24/03	P		
0	MODULE	Functions - CSR - Setup/change					
		name					
45	SECURITY - SHARED	Manage User Accounts and	MT	9/24/03	P		
1	MODULE	Functions - CSR - Setup/change					
		e-mail address					
45	SECURITY - SHARED	Manage User Accounts and	MT	1/23/04		F	985 (later)
2	MODULE	Functions - CSR - Attach carriers					
45	SECURITY - SHARED	Manage User Accounts and	MT	11/10/03		F	Bug 985 (later)
3	MODULE	Functions - CSR - Copy setup					
		from another user					
45	SECURITY - SHARED	Manage User Accounts and	MT	2/21/04		F	6431
4	MODULE	Functions - CSR - View, Add,					
		Delete, Update, Enable/Disable					
		each option					
45	SECURITY - SHARED	Manage User Accounts and	MT	9/24/03	P		
5	MODULE	Functions - CSR - Delete					
45	SECURITY - SHARED	Logout	MT	11/18/03		F	Bug 4878
8	MODULE						
	SECURITY - SHARED	BH Members' security	MT	2/25/04		F	6506
	MODULE						
	SECURITY - SHARED	PEBB Member's security	MT	2/25/04		F	6506
	MODULE						
	SECURITY - SHARED	Manage User Accounts and	MT	9/24/03	P		
	MODULE	Functions - Carrier - Delete					
	SECURITY - SHARED	Manage User Accounts and	MT	1/28/04	P		
	MODULE	Functions - CA - Edit					
		Manage User Accounts and	MT	1/23/04	P		
		Functions - Employer - Edit					
	SECURITY - SHARED	Manage User Accounts and	MT	12/10/03	P		
	MODULE	Functions - CSR - Edit					
	SECURITY - SHARED	Quick links	MT	2/21/04	P		
	MODULE						
	SECURITY - SHARED	Security Report	MT	12/3/03		F	3987
	MODULE						
		Total Passing Security			43		
		Total Lines, Security			64		
		Percent Passing, Security			<b>67.19%</b>		
1	COMMON MODULE	Change Password	LB	7/18/03	P		
2	COMMON MODULE	Logout	LB	7/18/03	P		
3	COMMON MODULE	Contact Us	LB	7/18/03	P		



4	COMMON MODULE	Privacy Policy	LB	7/18/03	P		
5	COMMON MODULE	Terms & Conditions	LB	7/18/03	P		
6	COMMON MODULE	Manage Login Welcome Text	LB	7/18/03	P		
7	COMMON MODULE	Manage Default User type	LB	7/18/03	P		
8	COMMON MODULE	Manage User Type Function	LB	7/18/03	P		
9	COMMON MODULE	Manage Links, Announcements and Documents	LB	7/18/03	P		
24	CLIENT - Other Menus	Group Accounts Search	CV	2/21/04	P		
25	CLIENT - Other Menus	Group Accounts-Account Search Result	CV	2/21/04	P		
26	CLIENT - Other Menus	Manage Individual Accounts – Account Search	CV	2/21/04	P		
27	CLIENT - Other Menus	Manage Individual Accounts- Account Search Result	CV	2/21/04	P		
28	CLIENT - Other Menus	Manage Individual Accounts – Add Enrollment	LB	2/20/04		F	5616, 5898, 5786, CR120
29	CLIENT - Other Menus	CSR Menu	LB	11/7/03	P		
30	CLIENT - Other Menus	Carrier Menu	LB	11/20/03	P		
31	CLIENT - Other Menus	Employer Menu	LB	11/4/03	P		
32	CLIENT - Other Menus	Insured/Dependent Menu	LB	6/2/03	P		
13	CLIENT SETUP	Maintain/view Group demographics & Contacts	SL	9/24/03	P		
8							
13	CLIENT SETUP	Maintain/View Group Setup Parameters	SL	9/23/03	P		
9							
14	CLIENT SETUP	Maintain/view Subgroup Demographics & Contacts	EH	2/4/04	P		
0							
14	CLIENT SETUP	Maintain/view Subgroup setup parameters	SL	2/20/04		F	6441, 6443
1							
14	CLIENT SETUP	Manage Login Welcome Text	SL	7/18/03	P		
2							
14	CLIENT SETUP	Manage Contact Us – I	SL	7/18/03	P		
3							
14	CLIENT SETUP	Manage Global Documents, links, Announcements	SL	7/18/03	P		
4							
14	CLIENT SETUP	Manage Default User Type Functions - I	SL	7/18/03	P		
5							
14	CLIENT SETUP	Manage User Type Functions	SL	7/18/03	P		
6							
14	CLIENT SETUP	Manage User Accounts & Functions	SL	7/18/03	P		
7							
14	CLIENT SETUP	Manage System Values	SL	11/21/03	P		
8							
14	CLIENT SETUP	Manage Family Compositions	SL	3/2/04	P		
9							
15	CLIENT SETUP	Manage Dependent Types	SL	9/24/03	P		

0							
15	CLIENT SETUP	Manage Languages	SL	9/24/03	P		
1							
15	CLIENT SETUP	Manage Coverage Types	SL	9/24/03	P		
2							
15	CLIENT SETUP	Manage Reasons	SL	9/24/03	P		
3							
15	CLIENT SETUP	Add/Edit Reasons	SL	9/24/03	P		
4							
15	CLIENT SETUP	Manage Document Types	SL	9/24/03	P		
5							
15	CLIENT SETUP	Manage Income Types	EH	3/8/04	P		
6							
15	CLIENT SETUP	Manage COBRA Event Types	SL	9/24/03	P		
7							
15	CLIENT SETUP	Manage Letter Setup	SL	9/24/03	P		
8							
15	CLIENT SETUP	Manage Letter Types	SL	9/24/03	P		
9							
16	CLIENT SETUP	Manage Letter Messages	SL	9/24/03	P		
0							
16	CLIENT SETUP	Manage Default Letter Parameters	SL	9/24/03	P		
1							
16	CLIENT SETUP	Add/Edit Languages	SL	9/24/03	P		
2							
16	CLIENT SETUP	Manage Form Letter Texts	SL	11/24/03		F	BUG 3308, 6233, RG145
3							
16	CLIENT SETUP	Manage Billing/Accounting Setup	CV	2/21/04	P		
4							
16	CLIENT SETUP	Manage Group Account Types	CV	2/21/04	P		
5							
16	CLIENT SETUP	Manage AFRS Map Setup	CV	6/19/03		F	waiting for interface to test
6							
16	CLIENT SETUP	Add/Edit AFRS Map Setup	CV	12/19/03		F	waiting for interface to test
7							
16	CLIENT SETUP	Manage Base Bill Format	CV	2/21/04	P		
8							
16	CLIENT SETUP	Manage Bill Format	CV	2/21/04	P		
9							
17	CLIENT SETUP	Manage Bill Format – Column Details	CV	2/21/04	P		OK on screens, no paper output yet
0							
17	CLIENT SETUP	Manage Base Bill Summary Format	CV	2/21/04	P		Verified on View Group Bills, View Summary Data
1							
17	CLIENT SETUP	Manage Bill Summary Format	CV	2/21/04	P		Verified on View Group Bills, View Summary Data
2							

17 3	CLIENT SETUP	Manage Bill Summary Format – Column Details	CV	2/21/04	P		Verified on View Group Bills, View Summary Data
17 4	CLIENT SETUP	Manage Individual Billing Parameters	CV	6/19/03	P		Screen tested only - Rusty has done all set-up
17 5	CLIENT SETUP	Manage Individual Receivable Format	CV	6/19/03	P		Screen tested only - Rusty has done all set-up
17 6	CLIENT SETUP	Manage Group Receivable Format	CV	6/19/03	P		Screen tested only - Rusty has done all set-up
17 7	CLIENT SETUP	Manage Miscellaneous Charges	CV	6/19/03	P		
17 8	CLIENT SETUP	Manage Billing Messages	CV	12/19/03	P		
17 9	CLIENT SETUP	Manage Supplemental Fields	SL	9/24/03	P		
18 0	CLIENT SETUP	Add/Edit Supplemental Fields	SL	9/24/03	P		
18 1	CLIENT SETUP	Add/Edit Supplemental Valid Values	SL	9/24/03	P		
18 6	CLIENT SETUP	Manage Tables	PP	11/4/03	P		
18 7	CLIENT SETUP	Manage Coverages & Rates – Select	EH	2/13/04		F	Screen tested only - Rusty has done all set-up, 6287, 6420
18 8	CLIENT SETUP	Manage Service Areas	LB	11/21/03	P		
18 9	CLIENT SETUP	Manage Coverages	CV	6/16/03	P		Screen tested only - Rusty has done all set-up
19 0	CLIENT SETUP	Manage Coverages – View History	CV	6/16/03	P		Screen tested only - Rusty has done all set-up
19 1	CLIENT SETUP	Manage Benefit Plans	CV	6/16/03	P		Screen tested only - Rusty has done all set-up
19 2	CLIENT SETUP	Add/Edit Benefit Plans	CV	6/16/03	P		Screen tested only - Rusty has done all set-up
19 3	CLIENT SETUP	Manage Rate Codes – Select	CV	6/16/03	P		Screen tested only - Rusty has done all set-up
19 4	CLIENT SETUP	Add / Edit Rate Codes	CV	6/16/03	P		Screen tested only - Rusty has done all set-up
19 5	CLIENT SETUP	Manage Rate Codes – II	CV	6/16/03	P		Screen tested only - Rusty has done all set-up
19 6	CLIENT SETUP	Add/Edit Premium Contribution Sources	CV	6/16/03	P		Screen tested only - Rusty has done all set-up
19 7	CLIENT SETUP	Manage Premium Contribution Codes – Select	CV	6/16/03	P		Screen tested only - Rusty has done all set-up
19 8	CLIENT SETUP	Manage Premium Distribution Codes	CV	6/16/03	P		Screen tested only - Rusty has done all set-up

19	CLIENT SETUP	Add/Edit Premium Distribution Codes	CV	6/16/03	P	Screen tested only - Rusty has done all set-up	
20	CLIENT SETUP	Manage Eligibility Rules – I	SL	9/19/03	P		
20	CLIENT SETUP	Manage Eligibility Rules – Add Rule	SL	9/19/03	P		
20	CLIENT SETUP	Manage Plan Eligibility rules – I	SL	9/19/03	P		
20	CLIENT SETUP	Manage Plan Eligibility rules – Add / Edit Rule	SL	9/19/03	P		
20	CLIENT SETUP	Manage Required Data Elements	PP	9/19/03	P		
21	CLIENT SETUP	Manage Open Enrollment	SL	11/26/03	P		
21	CLIENT SETUP	Add/Edit Open Enrollment	SL	11/26/03	P		
21	CLIENT SETUP	Manage Certification Parameters	SL	10/23/03	P		
21	CLIENT SETUP	Add/Edit Certification Parameters	SL	10/23/03	P		
21	CLIENT SETUP	Manage Batch Jobs.	SL	11/7/03	P		
21	CLIENT	Inbound File Processing	LB	11/21/03	P	Replaced with 214 - Manage Batch Jobs	
21	CLIENT	Manage Full File Setup	LB	11/21/03	P	Replaced with 214 - Manage Batch Jobs	
21	CLIENT	Manage Outbound Eligibility Files	LB	11/21/03	P	Replaced with 214 - Manage Batch Jobs	
21	CLIENT	Manage Pending Eligibility Transactions	LB	3/3/04		F	No on Testing Readiness
Total Passed, Sys Admin					83		
Total lines, Sys Admin					90		
Percent Passed, Sys Admin					92.22%		
Total Passing Go Live					321		
Total Lines, Go Live					512		
Percent Passing Go Live					62.70%		

INTERFACES & BATCH JOBS		Go Live Additions				
		BH Autoenrollment	EH	2/13/04	F	6271, 6233, Draft RG, RG145
		Mass Rate Code Change?				
10	CLIENT MASS	Mass Rate Code Changes	PP	3/3/04	F	No on testing readiness
4	PROCESSES					
10	CLIENT MASS	Mass Add Coverages	PP	3/3/04	F	No on testing readiness
5	PROCESSES					
10	CLIENT MASS	Mass Term Coverages	SL	3/3/04	F	No on testing readiness
6	PROCESSES					
10	CLIENT MASS	Mass Insured/Dependent Updates	SL	11/7/03	P	
7	PROCESSES	Menu				
10	CLIENT MASS	Mass Supplemental Fields Update	SL	3/3/04	F	No on testing readiness
8	PROCESSES					
18	CLIENT SETUP	Manage Carriers	LB	3/3/04	F	No on testing readiness
2						
18	CLIENT SETUP	Add/Edit Carrier Demographics	LB	3/3/04	F	No on testing readiness
3						
18	CLIENT SETUP	Add / Edit Carrier Contact Details	LB	3/3/04	F	No on testing readiness
4						
18	CLIENT SETUP	Add / Edit Carrier Comments	LB	3/3/04	F	No on testing readiness
5						
20	CLIENT SETUP	Manage Call Tracking Setup	LB	3/3/04	F	No on testing readiness
4						
20	CLIENT SETUP	Manage Call Tracking Actions	LB	3/3/04	F	No on testing readiness
5						
20	CLIENT SETUP	Add/Edit Call Tracking Actions	LB	3/3/04	F	No on testing readiness
6						
20	CLIENT SETUP	Manage Call Tracking Reasons	LB	3/3/04	F	No on testing readiness
7						
20	CLIENT SETUP	Manage Call Tracking Required	LB	3/3/04	F	No on testing readiness
8		Fields				
		Total Passing Post Production		1		
		Total lines, Post production		14		
		Percent Passing Post Production		7.14%		

## Appendix C-4: HCA Batch and Interface System Test Results, dated 2/22/04

1	Rdy to Test	Program Name	Tester(S)	% Cmpl't	Actual Finish	HAXS Ready to Test 03/03/04	HAXS Certified	SAY Ready to Test 12/08/03
33	H-YES	waitinglist	EILEEN	100	6-Feb	YES	1-Dec	
46	H-YES	massbillmessage	JIM/EILEEN	100	19-Feb	YES	26-Oct	
47	H-YES	massmisccharges	JIM	100	19-Feb	YES	26-Oct	
54	H-YES	lockbox	ROMEO	100	22-Feb	YES	7-Jan	YES
55	H-YES	edspcdirect	ROMEO	100	22-Feb	YES	7-Jan	NO
56	H-YES	vebapayment	ROMEO	100	22-Feb	YES	7-Jan	YES
57	H-YES	postpayment	ROMEO	100	22-Feb	YES	27-Oct	
17	H-YES	autoconvcarrier	ROMEO	95		YES	1-Dec	
39	H-YES	interfacelandi	MIKE	90		YES	5-Jan	YES
25	H-YES	masscancellation	JOHN/EILEEN	90		YES	7-Jan	
31	H-YES	massletterissuance	EILEEN (DAVE)	75		YES	27-Oct	
37	H-YES	backoutmonthlyclose	JOHN/JIM	75		YES	6-Oct	
34	H-YES	BH Auto Enroll (CR086)	EILEEN	75		YES	5-Jan	YES
26	H-YES	reactivateinsureds	JOHN/EILEEN	75		YES	7-Jan	
51	H-YES	payables	ROMEO/JIM	60		YES	15-Dec	
23	H-YES	masstransfer	STEPH /PAM	60		YES	28-Jan	
21	H-YES	massagechange	JIM/SHANE	50		YES	21-Jan	
40	H-YES	dorincome	TUNG/MIKE	50		YES	4-Feb	NO
24	H-YES	masstermination	JOHN/EILEEN (DAV	40		YES	21-Jan	
36	H-YES	statisticalclose	JOHN/JIM	25		YES	27-Oct	
48	H-YES	groupbilling	JIM/ROMEO	25		YES	27-Oct	
49	H-YES	individualbilling	STEPH/JIM	25		YES	6-Oct	
41	H-YES	certification	EILEEN /TUNG	10		YES	18-Feb	
45	H-YES	arrears	MIKE (SHANE)	10		YES	17-Nov	
43	H-YES	invoicepriorityreceivables	ROMEO/JIM	0		YES		
9		highereddrsbilling	JIM	Dup				
10		highereddrspayment	JIM	Dup				
3		employeeinterface	JIM	95		NO		YES
4		centralpaybilling	JIM	90		NO	15-Jan	YES
8		highereddrsdaily	JIM	75		NO	15-Jan	YES
12		mooreprinting	MIKE	60		NO		YES
22		massratechange	JIM/SHANE	60		NO		
53		dshsmatch	MIKE /EILEEN/DAV	50		NO		YES
5		highereddrsbilling	JIM	25		NO		NO
18		creatememberlist	STEPH	25		NO		
14		carrierelig834	JIM/TUNG	10		NO		
15		carrierpay820	SHANE	10		NO		
28		batchletters (DIS Printing)	EILEEN/STEPH	5		NO		NO
6		highereddrspayment	JIM	0		NO		YES
19		mailinglabel007	STEPH ???	0		NO		
29		printletters		0		NO		
30		reissueandageletters	JOHN	0		NO		
35		BH Address Change	EILEEN	0		NO		
42		recoupment	TUNG	0		NO		
59		afrs	ROMEO	0		NO		NO
7								
11								
13								
16								
20								
27								
32								
38								
44								
50								
52								
2								
58								
60								
61	25					25		
62						18		
63						43		
64		checkcrashedjobs						NA
65		Ftp2Windows						NA
66		libbatchlib.a						NA
67		scheduler						NA

## **Appendix D**

### **ISRP Post-Project Review**

### **Chronology of Events**

*Draft 0723/2004*

11/02/01	RFP#1 Issued
02/15/02	RFP #1 Withdrawn
02/26/02	RFP#2 Issued: <i>From RFP cover letter: “[HCA wants vendor to] provide the HCA with a Commercial Off The Shelf (COTS) software package that provides integrated insurance Membership, Eligibility, Customer Services, and Accounting functionality for multiple insurance lines . . . To qualify for HCA consideration, the vendor’s proposed solution must be currently operating in a production mode at an installation that is independent of the vendor for a minimum period of six months.”</i>
05/24/02	Healthaxis contract effective date (HCA Contract #2040-000523) Amendment #1: 4/22/03: revises payment schedule, extends duration of contract HIPAA Business Associate Agreement: 9/23/03
09/02	Go/No Go checkpoint review by Executive Steering Committee
10/09/02	Dallas meeting with Healthaxis: Tom Neitzel flew to Dallas to discuss product performance issues with Healthaxis executive management
10/09/02	ISB Meeting: ISB members raise question about whether Healthaxis misrepresented that it had a COTS product available
12/06/02	ISB Meeting: HCA update to board members re: contingency planning contract features, active collaboration with vendor, not impossible to meet 6/30/03 delivery date, HCA and vendor both putting high performing team members on project
01/23/03	Go/No Go checkpoint review by Executive Steering Committee

02/06/03	ISB Meeting: The ISRP project was elevated to Level 3 oversight – requiring reporting at each Board meeting
03/13/03:	Letter to Satyam, Inc. from Tom Neitzel, expressing specific concerns about Satyam’s project performance shortfalls.
03/20/03:	Meeting with Satyam executives following up on project concerns; Satyam management provided assurances that all concerns would be addressed promptly and thoroughly.
04/10/03:	ISB Meeting: The project schedule was presented with a revised implementation date of October 6, 2003
06/30/03	Original delivery milestone of Insur-Admin product (ISRP), as per RFP and contract
07/10/03:	ISB Meeting: HCA reports continuing schedule concerns; – HCA assigned mitigation tasks by ISB
08/13/03:	Tom Neitzel communicated to Healthaxis Vice-President Emry Sisson about Healthaxis’ failure to meet their promises of quality. This was followed-up by a telephone call on August 21, 2003, about lack of quality and missed deliver
08/20/03	Action plan submitted to HCA by Healthaxis – “correcting course”
08/26/03	Letter from Pete Cutler, HCA Administrator, demanding additional action from Healthaxis
08/28/03	Date of Project Plan setting new delivery date of 12/18/03 for Insur-Admin product (ISRP)
09/08/03	Response to Pete Cutler’s letter from Healthaxis: <i>“As you know from all of our discussions, there is no contractually guaranteed delivery date.”</i>
09/10/03	HCA conducts talks with Healthaxis to achieve an enhanced corrective action plan
09/11/03	ISB Meeting (HCA/ Healthaxis/ Satyam attend); Healthaxis CEO communicates to the Board that the product is 80% complete
10/10/03	Corrective Action Plan fully executed by HCA and Healthaxis



- 11/26/03 HCA sends memo to Healthaxis citing “significant concerns” about the project and ability of Healthaxis to meet 12/18/03 due date
- 12/15/03 Memo to Emry Sisson, from Chris Spaulding clarifying HCA expectations and extending delivery date to 12/23/03:  
*“[HCA expects] a complete product that meets contract requirements, not one that is incomplete, of inadequate quality, or fails to meet the contractual requirements. HCA expects the product to demonstrate that it works ‘across-the-board,’ with relatively few, minor issues, if any.”*
- 12/18/03 Healthaxis system revised delivery commitment date
- 12/29/03 Letter from HCA to Healthaxis: Notice of Healthaxis’ material breach – failure to perform substantial obligations, rejection of software for user acceptance tests, and demand for correction of ownership notices
- 01/06/04 HCA receives response from Healthaxis to 12/29/03 letter; this begins a series of discussions on contract settlement occurring resulting in work stoppage and mediation.
- 02/27/04 Healthaxis agrees to let HCA review/evaluate custom code
- 03/03/04 HCA sends letter to Healthaxis requesting that Healthaxis stop work after completion of the data refresh and delivery of build 119 for testing
- 03/04/04- Sanjeev Batta reviews code with Healthaxis
- 03/10/04 Build 119 testing completed; All work stopped on the project
- 03/15/04 Sanjeev Batta issues informal report to HCA/DWT: 3/9, 3/10, 3/15  
*Recommendation: no real evidence of COTS, code is salvageable, but should start over – could be made to work; scattered design; brittle architecture; naming variables not good, and not followed; no living documents*
- 03/18/04 ISB meeting (HCA pulled from the agenda)
- 04/06/04 Letter from Melodie Bankers to Brent Webb: Notice of Termination for Default; Notice of Rejection and Revocation of Acceptance; Confirmation of Direction to Stop Work
- 04/12/04 HCA agrees to mediation
- 04/27/04 Mediation set for 05/13/04 – Greg Bertram to be Mediator (JAMS)

- 05/13/04      ISB meeting – Connie Robins presents status – advises ISB that the contract dispute is in settlement talks
- 05/13/204      Mediation session between Healthaxis and HCA, with Greg Bertram (JAMS) as mediator; tentative settlement reached subject to review by attorneys
- 05/27/04      Healthaxis, Inc. wires \$300,000 to the Office of the State Treasurer; End of relationship



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October 29, 2004

Ms. Connie Robins  
Deputy Administrator, Program Operations  
Washington State Health Care Authority  
676 Woodland Square Loop Southeast  
Olympia, Washington 98504-2702

Dear Ms. Robins:

MTG Management Consultants, L.L.C., is pleased to present our review of the Washington State Health Care Authority (HCA) Insurance System Replacement (ISR) Post-Project report. This letter contains our final input into your agency's report and closeout actions for the ISR project. Further, it is the final deliverable for this engagement.

Over the past several months, MTG has worked closely with your organization documenting the experience gained and lessons learned from the ISR project. We are pleased that you selected our firm to assist your organization with this important project closeout work. Based on that collaborative relationship, MTG firmly believes that you and agency leadership have an understanding into the relevant aspects of the project failure. More importantly, your agency is taking the necessary measures to learn from this experience and move forward.

The ISR report, dated October 8, 2004, reflects many of the recommendations offered in the initial MTG report assessment, dated September 15, 2004. In our judgment, your recent report reflects a profound understanding of the events and decisions that led up to the project being terminated, but also demonstrates your agency's intent to learn from the misfortunes surrounding the project and apply the critical lessons gained from this experience throughout the organization.

To assist you further, we offer some final thoughts and input about the HCA report. In moving forward as an organization from the ISR project, we respectfully encourage you to consider the following:

- Define roles and responsibilities on any future project prior to start.

Establish specific roles and responsibilities for both the state and the vendor prior to starting another project. This activity can even be part of your project initiation activity, but the agency and vendor should come to an agreement prior to any significant project activities.

- Ensure that key “go/no go” decision points are part of any future integrator services contract.

As part of a new project, HCA should include contractual decision points in the integrator contract. These critical “gates” will provide the agency with the ability to continue or terminate the project based on established and measurable criteria. This approach would eliminate any “dragging on” effect for the project.

- Define the role and working relationship of quality assurance (QA) prior to the start of the next project.

HCA should establish the role and working relationship of QA in any future project. Specifically, QA can function in two distinct ways. HCA can authorize QA to take an active role on behalf of the agency, communicating and working directly with vendor. Alternatively, QA can serve as the backdrop for the agency, providing consultation and advice based on the information being provided.

- Adopt a comprehensive risk management plan.

To successfully achieve the objective, risk must be identified, mitigated, and managed over the course of the project. Risks that demonstrate the greatest impact and likelihood must have a mitigation strategy and contingency plan prior to the start of any significant project activities. All risk must be monitored and the current status (decreasing, sustaining, increasing) reported over the life of the next implementation project.

A point that is apparent to all is the fact that HCA is still faced with identifying a long-term solution for the benefits administration functionality. As you continue your steps in moving forward, we encourage HCA to leverage the resources within the state community for assistance and engage your state colleagues at some of the key decision points in your journey. This approach will likely be welcomed by others within the state community, and will demonstrate the maturity in your organization with regard to learning and growing.

Ms. Connie Robins  
October 29, 2004  
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MTG greatly appreciated the opportunity to assist you with this important work. As we both have worked diligently in developing the report and bringing some closure to the ISR project, MTG speaks confidently in saying that HCA is heading in the right direction. The results of the HCA report, the MTG review, and this letter confirming our collaborative efforts will bring proper closure to the ISR project and will help the agency move forward.

Thank you again for providing MTG with the opportunity to assist in your ISR project closeout activities and playing a role in helping your agency move forward. Please do not hesitate to contact Mr. Tyrone L. Williams or me if we can provide further assistance.

Very truly yours,

MTG MANAGEMENT CONSULTANTS, L.L.C.

A handwritten signature in black ink, reading "Robert J. Marlatt". The signature is fluid and cursive, with the first name "Robert" and last name "Marlatt" clearly distinguishable.

Robert J. Marlatt  
Partner

RJM/clm/75785/5811-03